2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED			
DOCUMENT # P06000155793 1. Entity Name DESIGN BY WINKEY/DESIGN BY JOHN INC					2008 FEB -6 PH 1: 39			
Principal Place of Business 2827 WILEY STREET HOLLYWOOD, FL 33020		Mailing Address 2827 WILEY STREET HOLLYWOOD, FL 33020		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282008	REIN-P	CR2E098 (1/	(07)
City & State		City & State		4. FEI Numbi			Applied For Not Applicable	
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Current	Registered Agent		Namo	7. Name and	Address of New Re	gistered Agent	
MCCULLUM, JOHN W 2827 WILEY ST. HOLLYWOOD, FL 33020								
				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstelling) DATE FILE NOW!!! FEE IS \$900.00								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS	P MCCULLUM, JOHN W 2827 WILEY STREET HOLLYWOOD, FL 33020	☐ Delete	TITLE NAME STREE	27	bra 14	Cullum	☑ Ch:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HYMAN, MOWATT 19873 NE 48TH AVE. MIAMI, FL 33054	€ Delete		TADDRESS 723		s McWhum St F1. 33020	☑ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGLAIS, DAVID 1935 JEFFERSON ST. HOLLYWOOD, FL 33020	Delete	4 -	T ADDRESS ST-ZIP		. , _ .		ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS S1-zip	3 i 02/08	001172 5/0801014-	— 003 4:3 71 3 ••••9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N	☐ Delete		IT ADDRESS ST-ZIP			☐ Ch	ange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS ST-ZIP			☐ Ch	range
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: JUNION CODO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								

3