

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P07000059460 1. Entity Name WORKPLACE INTERIORS & DESIGN GROUP, INC.	
Principal Place of Business 11655 CENTRAL PARKWAY SUITE 316 JACKSONVILLE, FL 32224	Mailing Address 11655 CENTRAL PARKWAY SUITE 316 JACKSONVILLE, FL 32224



2. Principal Place of Business - No P.O. Box # 7014 A.C. SKINNER PKWY	3. Mailing Address Suite, Apt. #, etc. 260
City & State JACKSONVILLE, FL	City & State City & State
Zip 32256	Country USA

01132009	REIN-P	CR2E098 (1/07)
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISHER, TOUSEY, LEAS & BALL, P.A. 818 N. A1A SUITE 104 PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAL, JON P 11655 CENTRAL PARKWAY SUITE 316 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DEAL JON P 7014 A.C. SKINNER PARKWAY JACKSONVILLE, FL 32256 STE 260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, STEPHANIE G 11655 CENTRAL PARKWAY SUITE 316 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ROYAL, STEPHANIE G. 7014 A.C. SKINNER PARKWAY STE 260 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5881 40933335 01/16/09--01037--003 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEPHANIE ROYAL JAN. 13, 2008 904-997-8978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #