

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000017757

Entity Name: STUDIO BY DESIGN, INC.

FILED
Nov 26, 2009
Secretary of State

Current Principal Place of Business:

10006 CROSS CREEK BLVD
#128
TAMPA, FL 33647

New Principal Place of Business:

10006 CROSS CREEK BLVD
#150
TAMPA, FL 33647

Current Mailing Address:

10006 CROSS CREEK BLVD
#128
TAMPA, FL 33647

New Mailing Address:

10006 CROSS CREEK BLVD
#150
TAMPA, FL 33647

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLS, MICHAEL
10006 CROSS CREEK BLVD
#128
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

WALLS, MICHAEL
10006 CROSS CREEK BLVD
#150
TAMPA, FL 33647 US

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.

SIGNATURE: MICHAEL WALLS

11/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLS, MICHAEL
Address: 10006 CROSS CREEK BLVD, #128
City-St-Zip: TAMPA, FL 33647

Title: VPD (X) Delete
Name: WALLS, KELLY
Address: 10006 CROSS CREEK BLVD, #128
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLS, MICHAEL
Address: 10006 CROSS CREEK BLVD, #150
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WALLS

PRES

11/26/2009

Electronic Signature of Signing Officer or Director

Date