

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000062952

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** J. WELLS INTERIOR DESIGN, INC.

**Current Principal Place of Business:**

27 TRANSYLVANIA AVE.  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

27 TRANSYLVANIA AVE.  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 27-0617721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WELLS, JOANNE  
27 TRANSYLVANIA AVE.  
KEY LARGO, FL 33037 US

**Name and Address of New Registered Agent:**

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:** JOANNE WELLS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WELLS, JOANNE  
**Address:** 27 TRANSYLVANIA AVE.  
**City-St-Zip:** KEY LARGO, FL 33037

**Title:** T  
**Name:** WELLS, JOANNE  
**Address:** 27 TRANSYLVANIA AVE.  
**City-St-Zip:** KEY LARGO, FL 33037

**Title:** S  
**Name:** WELLS, JOANNE  
**Address:** 27 TRANSYLVANIA AVE.  
**City-St-Zip:** KEY LARGO, FL 33037

I hereby 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 all other like empowered.

**SIGNATURE:** JOANNE C WELLS

P

09/30/2010

Electronic Signature of Signing Officer or Director

Date