

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P99000061722</b> 1. Entity Name <b>DESIGN MAJIK, INC.</b>			
Principal Place of Business <b>4770 N.E. 12TH AVENUE FT. LAUDERDALE, FL 33334</b>		Mailing Address <b>4770 N.E. 12TH AVENUE FT. LAUDERDALE, FL 33334</b>	
2. Principal Place of Business <b>3701 NW 16th ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>3701 NW 16th ST</b> Suite, Apt. #, etc.	
City & State <b>Lauderhill, FL</b> Zip <b>33311</b> Country		City & State <b>Lauderhill, FL</b> Zip <b>33311</b> Country	
4. FEI Number <b>65-0931321</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOORE, JAYSEN A 4770 N.E. 12TH AVENUE FT. LAUDERDALE, FL 33334</b>		7. Name and Address of New Registered Agent Name <b>MOORE, JAYSEN A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3701 NW 16th ST</b> City <b>Lauderhill</b> <b>FL</b> Zip Code <b>33311</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>04/29/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAYSEN 4770 N.E. 12TH AVENUE FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAYSEN 3701 NW 16th ST Lauderhill, FL 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERENS, RICHARD 4770 N.E. 12TH AVENUE FT. LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERENS, RICHARD 3701 NW 16th ST Lauderhill, FL 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>04/29/05</b> <small>Daytime Phone #</small>	

REINSTATEMENT 04-05



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 MAY 18 PM 4:23  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE