2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S72541

Address:

City-St-Zip:

222 CHERRY LANE

PALM BEACH, FL 33480

Entity Name: CARBI DESIGN INC

FILED Oct 15, 2008 Secretary of State

Entity Nan	ue: CARBIDESI	IGN, INC	ن.				
Current Principal Place of Business:				New Principal Pl	New Principal Place of Business:		
809 N DIXII FRNT							
WEST PAL	M BEACH, FL 3	3401	US				
Current Mailing Address:				New Mailing Add	New Mailing Address:		
809 N DIXII FRNT	E HWY						
	M BEACH, FL 3	3401	US				
FEI Number:	65-0287227 F	FEI Numb	er Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Addre	Name and Address of New Registered Agent:		
2999 NE 19 PH-8	& SHEFER, P.A. 91 ST A, FL 33180 US	i					
The above in the State		mits thi	s statement for the p	urpose of changing its regis	tered office or registered agent, or both,		
SIGNATUR	RE: AMARAN &	SHEFE	R, P.A.				
	Electronic	Signatu	e of Registered Age	ent	Date		
	e with s. 607.193(2) npaign Financing Tr		•	t receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () De CARBI, ALBERTO I 809 N DIXIE HWY WEST PALM BEAC	MIGUE, L FRNT		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () De MAISON, R. MARC 222 CHERRY LANE PALM BEACH, FL	EL, E		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	TS () De	elete		Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: ALBERTO CARBI DP 10/15/2008