

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 26 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700091012407  
03/06/07--01024--011 \*\*603.75

REINSTATEMENT 01-07


CR2E081 (1/07)

4. Date incorporated or Qualified To Do Business in Florida **8/11/98**

5. FEI Number **651041959**  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000004688

1. Corporation Name  
**INTERIOR DESIGN GUILD, INC.**

2. Principal Office Address - No P.O. Box #  
**1191 E. NEWPORT CENTER DRIVE**

3. Mailing Office Address

Suite, Apt. #, etc. **PENTHOUSE C**

City & State **DEERFIELD BEACH, FL**

Zip **33442** Country **BROWARD**

7. Name and Address of Current Registered Agent

Name **CHIP DUPONT**


Street Address (P.O. Box Numbers Not Acceptable)  
**1191 E. NEWPORT CENTER DRIVE**

Suite, Apt. #, Etc. **PENTHOUSE C**

City **DEERFIELD BEACH, FL** State **FL** Zip Code **33442**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

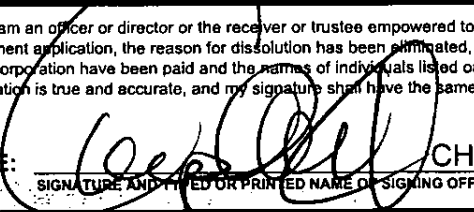
Signature of Registered Agent  Date **2/17/07**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CHIP DUPONT	1191 E. NEWPORT CENTER DR.	DEERFIELD BEACH, FL
S/D	MICHAEL WIRTZ	714 HIBISCUS STREET	BOCA RATON, FL 33486
VP/D	AL ALSCHULER	2430 BRICKEL AVE APT 104A	MIAMI FL 33129

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **CHIP DUPONT** Date **2/17/07** Daytime Phone # **954-428-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R 2/27