PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris FILED DIVISION OF COPPORATIONS Secretary of State DIVISION OF CORPORATIONS 00 NOV 28 PM 2: 40 DOCUMENT # P97000036446 1. Corporation Name LESLY A. HANFORD INTERIORS, INC. Mailing Address Principal Place of Business 111 NEW HAVEN BLVD 111 NEW HAVEN BLVD JUPITER FL 33458 JUPITER FL 33458 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida Office Address, if Applicable 3. New Mailing Office Address, If Applicable New Principal 04/23/1997 Suite, Apt. 5.\_FEI Number Applied For 65-0752457 & State City & State Not Applicable 6. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip and/or Directors Title(s) JUPITER FL 33458 D HANFORD-MAXWELL, LESLY 111 NEW HAVEN BLVD -11/30/00--01113--005 \*\*\*\*150.00 \*\*\*\*150.00 11-30-2000 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent "=Michael Maxwell' HERMAN, BRUCE ESQ Stroot Ace 35 Jo ot Accental 600 Sandtree Drive 1401 EAST BROWARD BOULEVARD Surte, Apt, # E SUITE 206 FORT LAUDERDALE FL 33301 State Zip Code Palm Beach Gardens ith and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered Signature of Registered Agent REGISTERED 11. 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 under section 119.07(3)(i), 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.

## **LESLY HANFORD MAXWELL**

111 NEW HAVEN BLVD. JUPITER, FLORIDA 33458 (561) 310-3101 / (561) 624-2269

NOVEMBER 1, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FLORIDA 33214-6327

RE: DOCUMENT # P97000036446 LESLY A. HANFORD INTERIORS, INC.

**DEAR SIRS:** 

ENCLOSED PLEASE FIND MY APPLICATION FOR REINSTATEMENT OF THE ABOVE REFERENCED CORPORATION. PLEASE BE ADVISED THAT I NEVER RECEIVED THE PROPER CORRESPONDENCE FROM YOUR OFFICE, NOR FROM THE OFFICE OF MY REGISTERED AGENT, NEEDED TO FILE MY YEAR 2000 ANNUAL BUSINESS REPORT. HENCE, I AM FORWARDING TO YOU THE ENCLOSED APPLICATION AND REQUEST THAT YOU RETURN MY CORPORATION TO ACTIVE STATUS.

IN ADDITION, PURSUANT TO MY CONVERSATION WITH YOUR AGENT, L. SELLERS ON OCTOBER 16, 2000, I AM ENCLOSING HEREWITH, AN ARTICLE OF AMENDMENT SO AS TO CHANGE THE NAME OF THE ABOVE REFERENCED CORPORATION. MS. SELLERS ADVISED ME TO COMBINE THE ENCLOSED APPLICATIONS ALONG WITH THEIR RESPECTIVE FILING FEES IN AN EFFORT TO EXPEDITE MY REQUEST.

I APPRECIATE YOUR CONSIDERATION AND EXPEDIENCY IN PROCESSING THIS INFORMATION.

SINCERELY.

LESLY HANFORD MAXWELL