

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION  
FOR 97-98  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 MAR 23 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S92345

1. Corporation Name

NORDSOUTH INTERIORS CORP.

Principal Place of Business

Mailing Address

20 SOUTH FEDERAL HWY.  
DANIA, FLORIDA  
33004

c/o REJEAN LAPIERRE INC.  
7800 W. OAKLAND PARK BLVD.  
BLDG. "G"  
SUNRISE, FL. 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
20 SOUTH FEDERAL HWY.

3. New Mailing Office Address, If Applicable  
c/o REJEAN LAPIERRE

4. Date Incorporated or Qualified To Do Business in Florida

11/06/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7800 W. OAKLAND PARK BLVD.

5. FEI Number

65-0309520

Applied For

Not Applicable

City & State  
DANIA

City & State

SUNRISE, FL. BLDG. "G"

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip  
33004

Country  
USA

Zip  
33351

Country  
USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SAUVE, ROBERT	6301 COLLINS AVENUE #1905	MIAMI BEACH, FL. 33141
DP	FRECHETTE, STEPHANE	6301 COLLINS AVENUE #1905	MIAMI BEACH, FL. 33141
			400002469814--0 -03/26/98--01107--002 ****900.00 ****900.00
			REINSTATEMENT 97-98 A. Sauve 3/23/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAUVE, ROBERT  
6301 COLLINS AVENUE #1905  
MIAMI BEACH, FL. 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Robert Sauve*  
REGISTERED AGENT MUST SIGN

Date March 20, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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.

SIGNATURE:

*Robert Sauve*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SAUVE

MARCH 11, 1998 (98) 927-6134  
Date Daytime Phone #

CR2E04G (1/98)