

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **465359**

1. Corporation Name

BERNICE SCHORR INTERIORS, INC..

Principal Place of Business

18 ESTATE DRIVE
BOYNTON BEACH FL 33436

Mailing Address

18 ESTATE DRIVE
BOYNTON BEACH FL 33436

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Data Incorporated or Qualified
To Do Business in Florida

11/25/1974

5. FEI Number

59-1564379

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	SCHORR, STEPHEN	2101 N ANDREWS AVE 625 NE 3rd Ave	FT LAUDERDALE FL
DVP	SCHORR, BERNICE	2101 N ANDREWS AVE 18 Estate Drive	FT LAUDERDALE FL Boynton Beach FL 33436

288824862542
11/19/03--01065--007 **150.00

8. Name and Address of Current Registered Agent

SCHORR, STEPHEN
625 NE 3RD AVE
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/13/03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/03

CR2040 (7/03)

LAW OFFICES
STEPHEN A. SCHORR
PROFESSIONAL ASSOCIATION

STEPHEN A. SCHORR

OF COUNSEL
ALAN J. BRAVERMAN

625 NORTHEAST 3RD AVENUE
FORT LAUDERDALE, FLORIDA 33304
TELEPHONE (954) 667-7800
FACSIMILE (954) 667-0899
E-MAIL: SCHORRLAW@AOL.COM

November 13, 2003

Reinstatements
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Bernice Schorr Interiors, Inc.
FIE: 59-1564379

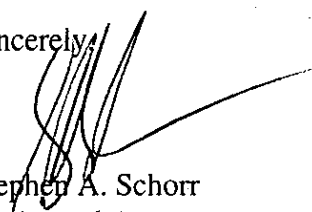
Dear Sir/Madam:

This is to inform you that the owner of the above referenced corporation has not received the First or Second Annual Report Notice from you. We hereby request that the \$600 fee be waived to reinstate this corporation.

Enclosed please find the Application for Reinstatement along with our trust account check for the amount of \$150 as payment for the Annual Report Fee and Corporate Supplemental Fee.

If you should have any questions please contact me. Your prompt attention is appreciated.

Sincerely,



Stephen A. Schorr
Registered Agent

Enclosures