

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 24 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 593538

1. Entity Name  
FAR EAST INTERIORS, INC.



Principal Place of Business  
23 MIRACLE STRIP PKWY. SE  
FT WALTON BCH, FL 32548

Mailing Address  
23 MIRACLE STRIP PKWY. SE  
FT WALTON BCH, FL 32548

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232008 REIN-P CR2E098 (1/07)

4. FEI Number  
59-1864859

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADERHOLT, HARRY C  
25 MIRACLE STRIP PKWY., SE  
FT WALTON BEACH, FL 32548

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

*Harry C. Adersholt*  
SIGNATURE

11/19/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
ST  
SECORD, RICHARD V  
STREET ADDRESS  
515 POCAHONTAS DR  
CITY-ST-ZIP  
FORT WALTON BEACH, FL 32547

☐ Delete

TITLE  
NAME  
PD  
ADERHOLT, HARRY C  
STREET ADDRESS  
200 WEST #802  
CITY-ST-ZIP  
FORT WALTON BEACH, FL 32548

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300138240133  
11/24/08--01062--024 \*\*750.00

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REINSTATEMENT  
2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/08

Date

850-243-0443

Daytime Phone #