

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

07 FEB 15 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002646

1. Entity Name  
**NELSON & ASSOCIATES INTERIOR DESIGN AND SPACE  
PLANNING, INC.**



Principal Place of Business  
**226 WALNUT STREET  
PHILADELPHIA, PA 19106**

Mailing Address  
**226 WALNUT STREET  
PHILADELPHIA, PA 19106**

**REINSTATEMENT**



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

01162007 REIN-P CR2E098 (1/07)

4. FEI Number  
**23-2085599**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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, the registered agent.

SIGNATURE

*Elizabeth R. Komeczny*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/24/07*

FILE NOW!!! FEE IS \$900.00

**500091012005**  
03/06/07--01024--006 \*\*900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **NELSON, JOHN J SR.**  
STREET ADDRESS **226 WALNUT STREET**  
CITY-ST-ZIP **PHILADELPHIA, PA 19106**

TITLE **V** ☐ Change ☒ Addition  
NAME **Imbrogno, Joseph**  
STREET ADDRESS **226 Walnut Street**  
CITY-ST-ZIP **Philadelphia, PA 19106**

TITLE **STD** ☐ Delete  
NAME **NELSON, GENEVIEVE**  
STREET ADDRESS **226 WALNUT STREET**  
CITY-ST-ZIP **PHILADELPHIA, PA 19106**

TITLE **V** ☐ Change ☒ Addition  
NAME **Ramani, Amit**  
STREET ADDRESS **226 Walnut Street**  
CITY-ST-ZIP **Philadelphia, PA 19106**

TITLE **STD** ☐ Delete  
NAME **NELSON, JOHN J JR.**  
STREET ADDRESS **226 WALNUT STREET**  
CITY-ST-ZIP **PHILADELPHIA, PA 19106**

TITLE **V** ☐ Change ☒ Addition  
NAME **Hill, Thomas E., Jr.**  
STREET ADDRESS **226 Walnut Street**  
CITY-ST-ZIP **Philadelphia, PA 19106**

TITLE **VD** ☐ Delete  
NAME **NELSON, GREGORY P**  
STREET ADDRESS **226 WALNUT STREET**  
CITY-ST-ZIP **PHILADELPHIA, PA 19106**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Nelson, John J. Jr.**  
STREET ADDRESS **226 Walnut Street**  
CITY-ST-ZIP **Philadelphia, PA 19106**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MD** ☒ Change ☐ Addition  
NAME **Nelson, John J. Sr.**  
STREET ADDRESS **226 Walnut Street**  
CITY-ST-ZIP **Philadelphia, PA 19106**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Joseph Imbrogno, Senior VPres.**

*1/10/07*

**(215) 925-6562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #