

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

DOCUMENT # F40190

1. Corporation Name

BOULTON INTERIORS INC.

2. Principal Office Address

1101 N Dixie Freeway

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

Zip

32168

Country

US

3. Mailing Office Address

1101 N Dixie Freeway

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

Zip

32168

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/10-81

5. FEI Number

59-2104234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

99-02

7. Name and Address of Current Registered Agent

Name

Richard Boulton

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

3930 Pioneer Trail

Suite, Apt. #, Etc.

City

New Smyrna Beach,

State

FL

Zip Code

32168

400005192804--8

-04/04/02--01064--017

\*\*\*1200.00 \*\*\*1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*R. Boulton*

Date

3-14-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	Richard Boulton	3930 Pioneer Trail	New Smyrna Beach, FL 32168
D	Richard Boulton	Same as above	Same as above

AD

10. 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:

*R. Boulton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-02

Daytime Phone #

386-428-0800

CR2E081 (9/01)