

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F87369 1. Corporation Name OMNI INTERIORS BY MICHAEL & ASSOCIATES, INC.			
Principal Place of Business 618 U.S. HIGHWAY ONE, STE. 101 NORTH PALM BEACH FL 33408		Mailing Address 618 U.S. HIGHWAY ONE, STE. 101 NORTH PALM BEACH FL 33408	
If above addresses are incorrect in any way, file 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. Date Incorporated or Qualified To Do Business in Florida 06/04/1982		5. FEI Number 59-2196914 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		REINSTATEMENT	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
P	PARENTI, MICHAEL J	218 PONCE DE LEON ST.	ROYAL PALM BCH. FL 33410
VP	ROSOLIO, LEONARD	169 ISLAND WAY	WEST PALM BEACH FL 33415
T	PARENTI, MARK J	6100-202 FOREST HILL BLVD.	WEST PALM BEACH FL 33415
8. Name and Address of Current Registered Agent			
PARENTI, MICHAEL J 218 PONCE DE LEON ST. ROYAL PALM BCH. FL 33410			
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. Signature of Registered Agent: <i>Michael J. Parenti</i> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Michael J. Parenti</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E040 (8/97)