

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 96-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 15 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002577**

1. Corporation Name

MARCEL INTERIORS, Inc.

Principal Place of Business

FLORIDA

Mailing Address

**4305 S US Hwy 17/92
CASSELBERRY, FL 32707**

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

2239 Palm Vista Drive

Suite, Apt. #, etc.

City & State

ARPKA, FL

Zip

32712

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5/95

5. FEI Number

43-1523740

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	PREMIER Yvon Brunache	2239 Palm Vista Drive	ARPKA, FL 32712

200002270972--7
08/19/97--01031--017
*****915.00 ***915.00**

REINSTATEMENT 96-97
A. Alan
8/15/97

8. Name and Address of Current Registered Agent

MICHELLE C. BRUNACHE
2239 Palm Vista Drive
ARPKA, FL 32712

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

Michelle C. Brunache

REGISTERED AGENT MUST SIGN

Date **6/30/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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:

Michelle C. Brunache **MICHELLE C. BRUNACHE U.P.** **6/30/97** **(407)260-6167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #