

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 03

**DOCUMENT # F98000000087**

1. Corporation Name

**AMELIA INTERIOR DESIGN, INC.**

Principal Place of Business

Mailing Address

503-C CENTRE ST  
AMELIA ISLAND FL 32034  
US

503-C CENTRE ST  
AMELIA ISLAND FL 32034  
US



600023817746  
10/15/03--01040--015 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1605327

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDC	SCHOLZ, RITA	503 C CENTRE STREET	AMELIA ISLAND FL 32034
V	DEEHAN, NANCY	503C CENTRE STREET	AMELIA ISLAND FL 32034

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHOLZ, RITA  
503C CENTRE STREET  
AMELIA ISLAND FL 32034

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. or 617.0505, F.S.

Signature of Registered Agent

X Rita Scholz, Pres  
REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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:

X Rita Scholz, Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

CR2E040 (7/03)

# *Amelia Interior Design, Inc.*

18 0001048

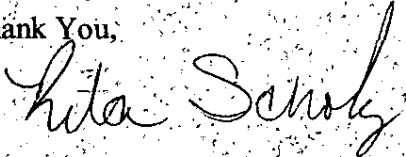
October 9, 2003

Florida Department of State  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Annual Report

To the best of my knowledge, we did not receive the two prior uniform business report notices. Please excuse our lapse and kindly reinstate our status to active.

Thank You,



Rita Scholz, President and Director