

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -7 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005208

1. Corporation Name

MINNESOTA NORTHERN INTERIORS & DESIGN, INC.

200007075452--6

-08/13/02--01041--003

*****600.00 *****600.00

99-02

2. Principal Office Address

PATRICIA A. LLOYD

Suite, Apt. #, etc.

3. Mailing Office Address

1250 LITTLE OAK CIRCLE

Suite, Apt. #, etc.

1250 Little Oak Circle

City & State

TITUSVILLE, FL 32780

Zip

Country

32780

USA

City & State

TITUSVILLE, FL 32780

Zip

Country

32780

USA

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 17, 1998

5. FEI Number

41-1754680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA A. LLOYD

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

1250 LITTLE OAK CIRCLE

Suite, Apt. #, Etc.

City

TITUSVILLE,

State

FL

Zip Code

32780

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

Patricia A. Lloyd

REGISTERED AGENT MUST SIGN

Date AUGUST 2, 2002

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 | PATRICIA A. LLOYD | 1250 LITTLE OAK CIRCLE | TITUSVILLE, FL 32780 |
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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

Patricia A. Lloyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 2, 2002

Date

Daytime Phone #

CR2E081 (8/01)

B