

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 25 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005208

**1. Corporation Name**

MINNESOTA NORTHERN INTERIORS & DESIGN, INC.

**2. Principal Office Address**

300 SOUTH ORANGE AVE

Suite, Apt. #, etc.

SUITE 800

City & State

ORLANDO, FLORIDA

Zip

32801

Country

ORANGE

**3. Mailing Office Address**

300 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

SUITE 800

City & State

ORLANDO, FLORIDA

Zip

32801

Country

ORANGE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

SEPTEMBER 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 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 Lloyd

REGISTERED AGENT MUST SIGN

Date

Nov 17, 2003

**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
CEO	PATRICIA LLOYD	1250 LITTLE OAK CIRCLE	TITUSVILLE, FL 32780

**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 Lloyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 17, 2003

Daytime Phone #

407 810 1274

CR2E081 (10/02)

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**November 17, 2003**

**To: The Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399**

**Dear Sir:**

**Enclosed receive \$150.00 to reinstate Minnesota Northern Interiors & Design, Inc.  
I have not received any information on reinstatement. When I called today they told  
me to send the \$150.00. Please reinstate my business, enclosed receive the amount.**

**Thank you very much.**

**Sincerely,**

**Patricia Lloyd**

**150.00 + 8.75 for certificate of standing. Thank you.**