


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
 04 FEB -2 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H23572
 1. Corporation Name
BARBARA N. YERGENS INTERIORS, INC.

Principal Place of Business	Mailing Address
% BARBARA N. YERGENS 736 AZALEA LANE VERO BCH. FL 32963	% BARBARA N. YERGENS P O BOX 643238 VERO BCH. FL 32964

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	10/02/1984
5. FEI Number	59-2502774
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For / Not Applicable
\$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
P	YERGENS, BARBARA N.	4127 SERENITY MOUNTAIN RD	WAYNESVILLE NC 28786
ST	YERGENS, WILLIAM P.	4127 SERENITY MOUNTAIN ROAD	WAYNESVILLE NC 28786

400028014844
 02/02/04 01058 028 **900.00

8. Name and Address of Current Registered Agent

YERGENS, BARBARA N.
 736 AZALEA LANE
 VERO BCH. FL 32963

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 Barbara N. Yergens Date 1-28-04
 REGISTERED AGENT MUST SIGN

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: Barbara N. Yergens Pres. 1-28-04 772-234-5486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)