

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 17 PM 1:51

DOCUMENT # H49647

1. Corporation Name

JEANNINE RAYMOND INTERIORS, INC.

Principal Place of Business

Mailing Address

540 S.W. 11TH AVENUE  
P O BOX 1459  
FORT LAUDERDALE FL 33312

540 S.W. 11TH AVENUE  
P O BOX 1459  
FORT LAUDERDALE FL 33312

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

03/29/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2535687

Applied For

Not Applicable

City & State

City & State

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
DP	RAYMOND, JEANNINE	540 S.W. 11TH AVENUE	FORT LAUDERDALE FL

200003441492--8  
-10/27/00--01007--016  
\*\*\*\*550.00 \*\*\*\*550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYMOND, JEANNINE M.  
540 S.W. 11TH AVENUE  
FORT LAUDERDALE FL 33312

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

*Jeannine Raymond* Jeannine Raymond Date 10/13/00

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:

*Jeannine Raymond* Jeannine Raymond 10/13/00 954 764-6240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/00)

J R J  
Jeannine Raymond  
INTERIOR DESIGNER

Oct. 13, 00

Division of Corporations  
Tallahassee, Fl.

To Whom it May Concern. -

I have just returned from N.Y. & to my horror found that my corporation has been dissolved. After researching I found that I had written a check for \$550.00 in August but apparently <sup>was</sup> never cashed - so, I can only assume it never arrived with the report to your department.

Unfortunately, I've been recovering from cancer the last couple of months & have been receiving treatment in N.Y., and this situation has gotten away from me, inadvertently. I hope you will accept the check & waive the penalty. Thank you

Jeannine Raymond