

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -1 AM 10: 59

DOCUMENT # J08000

1. Corporation Name

Interior Spaces, Inc.

2. Principal Office Address

610 S. Armenia Ave.

3. Mailing Office Address

610 S. Armenia Ave.

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Tampa, FL.

City & State

Tampa, FL

Zip

33609

Country

Hillsborough

Zip

33609

Country

Hillsborough

REINSTATEMENT 0001

4. Date Incorporated or Qualified
To Do Business in Florida

4/7/86

SP

5. FEI Number

59-2652805

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chip Vogel

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

914 South Oregon Avenue

Suite, Apt. #, Etc.

City

Tampa.

State
FL

Zip Code

33606

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

Chip Vogel

REGISTERED AGENT MUST SIGN

Date

5/31/01

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
<u>P</u>	<u>Chip Vogel</u>	<u>914 S. Oregon Ave.</u>	<u>Tampa, FL. 33606</u>
<u>VP</u>	<u>Scott Scherschel</u>	<u>914 S. Oregon Ave.</u>	<u>Tampa, FL. 33606</u>

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

Scott Scherschel (Scott Scherschel)

Date

5/31/01

Daytime Phone #

813-251-8862

CR2E081 (9/00)