PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -6 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J16774

1. Corporation Name

CREATIVE INTERIORS BY LOIS LUDWIG, INC.

Principal Place of Business	Mailing Address
6670 RACQUET CLUB DRIVE LAUDERHILL FL 33319	~~6670 RACQUET CLUB DRIVE~~ ~~LAUDERHILL FL 33319~~

REINSTATEMENT 1996

MWB 11-7-96

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.	320 W. ILLINOIS STREET Suite, Apt. #, etc. APT # C222
City & State	City & State CHICAGO, ILLINOIS
Zip / Country	Zip / Country 60610-4122 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/29/1986

5. FEI Number: 59-2686178 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LUDWIG, LOIS	6670 RACQUET CLUB DRIVE	LAUDERHILL FL
1			

500002001005--9
-11/08/96--01106--022
****375.00 ****375.00

8. Name and Address of Current Registered Agent

MARCUS, IRA ESQUIRE
625 N.E. 3RD AVENUE
FT. LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name: Alex S. Binstock, C.P.A.
Street Address (P.O. Box Number is Not Acceptable): 9100 South Dadeland Blvd., Suite # 901
Suite, Apt. #, Etc.: Suite # 901
City: Miami State: FL Zip Code: 33156

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: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/4/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/18/96
Daytime Phone #: 305-670-1984

CR2E040 (1/96)