

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <b>95-97</b> REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 APR 29 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J 26336 (4)**

1. Corporation Name

**M. H. WALLPAPERING, INC**

Principal Place of Business

Mailing Address

**332 LEEWARD DR 332 LEEWARD DR  
JUPITER FL 33477 JUPITER, FL 33477**

**REINSTATEMENT 95-97**

*A. Alan*  
**4/29/97**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7-29-86	
City & State		City & State		5. FEI Number	
Zip		Country		59-2700237	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>P</b>	<b>MARIA HALE</b>	<b>332 LEEWARD DR</b>	<b>JUPITER, FL 33477</b>
<b>V P</b>	<b>CHRISTINE LUMB</b>	<b>2585 332 OAK DR</b>	<b>PALM BEACH GARDENS, FL 33411</b>

**500002169885--2**  
**05707797-01030-006**  
**\*\*\*1080.00 \*\*\*1080.00**

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>MARIA HALE</b> <b>332 LEEWARD DR</b> <b>JUPITER, FL 33477</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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

*Maria Hale*

REGISTERED AGENT MUST SIGN

Date **April 26, 1997**

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:

*Maria Hale*

**MARIA HALE**

**4-26-97**

**(561) 747-6006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/96)