MENT # J49	180	···· (,		
VOGUE INTERIORS, INC.			FILED LUNETARY OF STATE 4510H OF CORPORATION	
Principal Place of Business Mailing Address			4510N OF CORPORATION	á t
24520 PRODUCTION CR	24520 PRODUCTION CR		00 0CT 12 PM 1:24	
SUITE 5 BONITA SPRINGS FL 34135 US	Suite 5 Bonita Springs FL 34133 US	5-7029		IK BIBIY BIBII 83811 BIBII BYBIY 1981
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #. etc.		DO NOT WRITE IN T	HIS SPACE
City & State	City & State		4. FEI Number 59-2762520	Appres For Not Appress
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address	of Current Registered Agent		7. Name and Address of New Registe	
OVERLY, DONNAG. Debra De Maria 24520 PRODUCTION CIRCLE SUITE 5 BONITA SPRINGS FL 34135 Name Jebra De Maria Street Address (P.O. Box Number is Not Acceptable) City 50 Mac FL 25639 Mac				
			<u></u>	FL Bashic
8. The above named entity submits this so SIGNATURE Solution typed or printed name of re	1/6/ Min	registered office or register E. Registered Agent signature reduced.	ellaria 41	20/00
		!!! FEE IS \$150.00 IOO Fee will be \$550.00 ble to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	CERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	
NAME STREET ADDRESS CITY-ST-ZIP V DONNA G. OVERLY 25000 CYPRESS HOLE BONITA SPRINGS FL		TITLE NAME STREET ADDRESS CITY-51-2IP		Change 2 42011
TITLE NAME STREET ADDRESS CITY-ST-ZIP DEBRA DEMARIA 19051 PINE RUN LANI FT MYERS FL 33912	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	-10/20/00~-0 ****150.00	109510004 = ****150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Change ☐ 4sc::*
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or cirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attackment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

Attention: REINSTATEMENT DIVISION



Dear Sir or Madam:

Subject: 59-2762520

When I called and spoke to Suzanne at 1(800)488-9000 about my outstanding check # 25380 date 04/20/00 in the amount of \$150.00 she referred me to the reinstatement division at # 1(850)487-6059. I called and spoke to Tyrone and he informed me that I should write this letter explaining our situation and also send in another \$150.00 check. Please find our \$150.00 check #38972 enclosed along with a copy of our 2000 UBR filing mailed on 04/20/00, a copy of our original outstanding check # 25380 also dated 04/20/00. When I asked Tyrone if I should stop payment on the first \$150.00 check # 25380, he said he couldn't advise me on that.

So I have NOT put a stop payment on it. Our accounting software does not give us the name of the payee in our outstanding check list so we did not realize that this check was for our UBR report. Also, Tyrone mentioned that we should have received a late notice but we did not or we would have realized the check was lost.

Respectfully yours,

Carol Peterson

Controller

Vogue Interiors, Inc.