

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -8 AM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1K22782

1. Corporation Name

Scott E. Graham Interior Design, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

120 South Dixie Hwy
Suite, Apt. #, etc.
104

3. Mailing Office Address

120 So. Dixie Highway
Suite, Apt. #, etc.
104

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

USA

Zip

33401

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

300032111893
04/07/04--01066--016 **900.00

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott E. Graham

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

113 Ellamar Rd.

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4-5-04

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>Scott E. Graham</u> | <u>113 Ellamar Rd.</u> | <u>West Palm Beach FL</u> <u>33405</u> |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/04 561-659-9745

Daytime Phone #

CR2E081 (10/02)