

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **K58109**

1. Corporation Name

INTERIOR DESIGNS, INC.

97-AR

97 OCT 29 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% MAUREEN MONA TILLMAN
1951 LEE ST
HOLLYWOOD FL 33020

% MAUREEN MONA TILLMAN
1951 LEE ST
HOLLYWOOD FL 33020



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

01/12/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0095781

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
D	TILLMAN, MAUREEN M	1951 LEE ST	HOLLYWOOD FL
			700002343657--2 -11/10/97--01177--001 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TILLMAN, MAUREEN M
1951 LEE ST
HOLLYWOOD FL 33020

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Maureen Tillman

REGISTERED AGENT MUST SIGN

Date

10/28/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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.

MAUREEN TILLMAN

SIGNATURE:

Maureen Tillman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/97 954
921-5951

CR2E040 (8/97)

pg. 2 of 2
1951 Lee St.
Hollywood, FL
33020
10/28/97

Dear Ms. Allen,

As per our conversation
earlier today:

I was late filing in 1996,
paid reinstatement fee of 175.⁰⁰
and paid ^{\$}200. fee 1/97 thinking
it was fee for 1997.

I did not receive a notice
to file 1997 annual report.

Enclosed: check for ^{\$}165.⁰⁰

Thank you
Maureen Tillman

Interior Designs Inc.
Doc # K58109