PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # K 6 / 93 9 1. corporation Name Collette & Robertson Interiors Inc. 2. Principal Office Address - No P.O. Box # 1032 S.W. 13th Court 104 Suite, Apt #. etc. 4. Date Incorporated or Cusilling 7 To De Business in Fiorida 10 To De Business in Florida 10 To De Bu		PORATIO					DEPART Secretary ISION OF C	y of St	tate					FILE RETARY N OF CO Y 14 F				
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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 I am an officer or director or dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The inform on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	this reinst owed by	statement app the corporation	plication, ion have	, the reason been paid	n for disse and the i	solution has been names of individ	en eliminated duals listed o	d, the corp on this for	porate n	name satisfies not qualify for	s the require an exempti	ements	of section 607.	0401 or 617	.0401, F.S	S., that all fees		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phor	SIGNATI		NATURE	E AND TYPE	Z ED OR PR	INTED NAME OF	SIGNING OF	HOMA FICER OF	A DIREC	NOS#	nt 50 n	51	6/08 Date					