

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 20 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K77095**

1. Corporation Name

SIKES INTERIOR FURNISHINGS, INC.

Principal Place of Business

10771-303 BEACH BLVD
JACKSONVILLE FL 32246

Mailing Address

10771-303 BEACH BLVD
JACKSONVILLE FL 32246

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

04/03/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

60-2939903

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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
DP	SIKES, BRUCE C.	3833 KADEN DR. E.	JACKSONVILLE FL
DST	SIKES, NAOMI MARY	3833 KADEN DR. E.	JACKSONVILLE FL
			600002011726--7
			-11/22/96--01002--021
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

AKEL, DANIEL D.
2301 INDEPENDENT SQUARE
ONE INDEPENDENT DR.
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

Date 11/15/96

REGISTERED AGENT MUST SIGN

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)(ii), 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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-96

(904) 691-0727
Daytime Phone #