

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jimmie Smith  
Secretary of State  
DIVISION OF CORPORATIONS  
L01000021771  
FILED  
02 DEC 26 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000021771

Name and Mailing Address

0004526 01 FP 0.352 \*\*PRSR T4 0 0615 33446-245646



MQ INTERIORS, LLC  
16046 RIO DEL SOL  
DELRAY BEACH FL 33446-2456

MJM



12/26 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/17/2001

Principal Place of Business

16046 RIO DEL SOL  
DELRAY BEACH FL 33446

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

marissa Queen

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

16046 Rio Del Sol

Delray Beach

City

FL

Zip Code

33446

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Marissa Queen

REGISTERED AGENT MUST SIGN

Date 12/2/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	QUEEN, MARISSA F	16046 RIO DEL SOL	DELRAY BEACH FL 33446

000009688590  
12/26/02--01030--001 \*\*150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Marissa Queen

Date 12/17/02

Daytime Phone # 561 218 2000

Typed or printed name of signing Managing Member/Manager

MARISSA QUEEN

CR2E084 (8/02)