

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 10 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L35510**

1. Corporation Name

2. Principal Office Address

5852 SEA Forest Dr
Suite, Apt. #, etc. **241**

City & State

New Port Richey, FL

Zip

34652

Country

USA

3. Mailing Office Address

P.O. Box 512

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

Zip

34688

Country

USA

000020688490

06/09/03--01087--005 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-89

5. FEI Number

59-2982239

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

Kim Conforti

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

5852 SEA Forest Dr, Suite 241

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34689

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

Kim Conforti

Date

6-4-03

REGISTERED AGENT MUST SIGN

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
Pres	Kim Conforti	5852 SEA Forest Dr	New Port Richey, FL 34689

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

Kim Conforti - Kim Conforti

Date

6-4-03

Daytime Phone #

727-848-8989

gr 6/10

CR2E081 (10/02)

Design Decorating Services

P.O. Box 512

Tarpon Springs, FL 34688

727-848-8989

June 4, 2003

Florida Department of State

Attention-Corporation Reinstatement

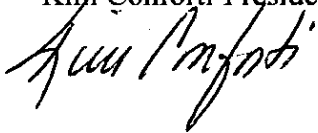
Business- Design Decorating Services by Kim, Inc.

Document # L35510

Please note that for the year 2002 nor 2003, I have not received any notices from you regarding filing of my annual report. It may be possible that it was due to my address change. After contacting you by phone, I was told to fill out the enclosed reinstatement application and enclose a check for \$300.00 which would pay for both years. Please waive any fines that may be attached to do the address change and the forwarding not taking place. I appreciate your help and prompt attention in this matter.

Thank you in advance.

Kim Conforti-President

A handwritten signature in black ink, appearing to read "Kim Conforti", is written over a horizontal line.