PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUN 11 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L-70513

1. Corporation Name

STEVEN MATABLE INTERIOR DESIGN INC

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
1515 S. FLAGLER DR	P O BOX 2017
Suite, Apt. #, etc.: APT 1703	Suite, Apt. #, etc.:
City & State: WEST PALM BEACH, FL	City & State: PALM BEACH, FL
Zip: 33401 Country: USA	Zip: 33480 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/02/1990

5. FEI Number: 65-0187161 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Cost

7. Name and Address of Current Registered Agent

Name: STEVEN MATABLE

Street Address (P.O. Box Number is Not Acceptable): 1515 S. FLAGLER DR

300020766093
06/11/03--01011--001 **300.00

Suite, Apt. #, Etc.: APT 1703

City: WEST PALM BEACH. State: FL Zip Code: 33401

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: X [signature] Date: X 6.9.03

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
P/S	STEVEN MATABLE	1515 S. FLAGLER DR, APT 1703	WEST PALM BEACH, FL 33401

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 as not qualify for ... 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: X [signature] STEVEN MATABLE X 6.9.03 X561651769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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