

PLEASE READ ALL INSTRUCTIONS ETC. TO GO FILLING THE FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 99 OCT 11 AM 8:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L77310 1. Corporation Name Independent Florida Design Corp.			
Mailing Address 300-31st St. N Ste 206 St. Pete, FL 33713 US		Principal Place of Business 1920 Four Mile Cove Pkwy. Cape Coral, FL 33990	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable c/o 1105 Cape Coral Pkwy Suite, Apt. #, etc. Suite C City & State Cape Coral, FL Zip 33904		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 05/31/1990 5. FEI Number 65-0214666 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Huettelmeyer, Renate	1920 Four Mile Cove Pkwy	Cape Coral, FL 33990
D	Huettelmeyer, Willy L.	1920 Four Mile Cove Pkwy	Cape Coral, FL 33990
5000003022625--7 10/22/99--01085-010 ***1050.00 ***1050.00			
8. Name and Address of Current Registered Agent Ashcraft, Edelgard G. 300-31 St. ST N Suite 206 St. Pete, FL 33713 US		9. Name and Address of New Registered Agent Name Christine F. Wright, Esq. Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Pkwy., East Suite, Apt. #, Etc. Suite C City Cape Coral <div style="display: flex; justify-content: space-between;"> State FL Zip Code 33904 </div>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 10/2/99			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/25/99 Daytime Phone #	

C222040 (8-94)