

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 11:38

SECRETARY OF STATE
FLORIDA
FILE
PAID

DOCUMENT # N00000004558

1. Corporation Name

Interior Design Guild Foundation

2. Principal Office Address

1855 Griffin Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Box 3 DCOTA

Suite, Apt. #, etc.

City & State

Dania, FL 33004

City & State

Zip

33004

Country

USA

Zip

Country

REINSTATEMENT

236.25 ch # 1038

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/2000

5. FEI Number

651041959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

5b.7c Additional Fee Required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary Jane Reeves

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

855 South Federal Highway

Suite, Apt. #, Etc.

105

City

Boca Raton

State

FL

Zip Code

33432

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

Mary Jane Grigsby
REGISTERED AGENT MUST SIGN

Date 10-22-2003

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	Mary Jane Reeves D	855 S. Fed. Hwy. #105	Boca Raton, FL 33432
V	Anthony J. Sikich D	5200-NE-14-Way, #407	Ft. Laud., FL 33334
T	David E Herman D	c/o Janney Montgomery Scott 5100 Town Ctr. Cir. #310	Boca Raton, FL 33486
S	Joel Zook D	1855 Griffin Rd, # c-428	Dania, FL 33004

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)(f), 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:

Mary Jane Grigsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)-447-7301

Date

Daytime Phone #

2/10/31