

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FL 32311

DOCUMENT # N95000000213

1. Corporation Name

INTERIOR DESIGN ASSOCIATIONS FOUNDATION, INC.

2. Principal Office Address

c/o ASID/FSC
1855 Griffin Road
Suite, Apt. #, etc.
Suite #B-485

City & State

Dania Beach, FL

Zip

33004

Country

3. Mailing Office Address

c/o ASID/FSC
1855 Griffin Road
Suite, Apt. #, etc.
Suite #B-485

City & State

Dania Beach, FL

Zip

33004

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/13/1995

5. FEI Number

65-0561445

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

Samuel D. Navon, Esq.

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

Navon, Kopelman & Lavin, P.A.
2699 Stirling Road

Suite, Apt. #, Etc.

Suite B-100

City

Fort Lauderdale

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date 10/18/02

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	Rita Scholz	Amelia Interior Design 8 Marsh Hawk Rd	Amelia Island, FL 32034
T	Linda Calhoun	LFC Interiors, Inc. 3604 Dr. M.L. King Jr. Blvd	Tampa, FL 33610
D	Steve Hefner	Design Works 250 Royal Court	Delray Beach, FL 33444
D	William Kobrynich	Art Inst. of Ft. Lauderdale 1799 S.E. 17th Street	Ft. Lauderdale, FL 33316
D	Suzette Wilder	Capital Business Interiors 132-1 Hamilton Park Dr.	Tallahassee, FL 32304
S	Julie Hargrove	Larry Wilson Design Assoc. 1301 Riverplace Blvd.	Jacksonville, FL 32207

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

Steve Hefner

Date

Daytime Phone #

10/18/02 561-272-6855