

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 FEB 26 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700091012407
03/06/07--01024--011 **603.75

DOCUMENT # N98000004688

1. Corporation Name

INTERIOR DESIGN GUILD, INC.

REINSTATEMENT 01-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1191 E. NEWPORT CENTER DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

PENTHOUSE C

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

33442

Country

BROWARD

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

8/11/98

5. FEI Number

651041959

☐ 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

CHIP DUPONT

Street Address (P.O. Box Numbers Not Acceptable)

1191 E. NEWPORT CENTER DRIVE

Suite, Apt. #, etc.

PENTHOUSE C

City

DEERFIELD BEACH, FL

State

FL

Zip Code

33442

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

2/17/07

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/D	CHIP DUPONT	1191 E. NEWPORT CENTER DR.	DEERFIELD BEACH, FL
S/D	MICHAEL WIRTZ	714 HIBISCUS STREET	BOCA RATON, FL 33486
VP/D	AL ALSCHULER	2430 BRICKEL AVE APT 104A	MIAMI, FL 33129

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 contained in Chapter 119, 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

CHIP DUPONT

Date

2/17/07

Daytime Phone #

954-428-9200

R 2/27