

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

~~REINSTATEMENT~~

DOCUMENT # P00000016794

1. Corporation Name

SHOWCASE DECORATING, INC.

02 OCT 25 PM 3: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Principal Place of Business

1006 RIDGE STREET  
NAPLES FL 34103

Mailing Address

1006 RIDGE STREET  
NAPLES FL 34103

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/2000

5. FEI Number

59-3618919

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	HANNON-STRITZEL, VICTORIA M	1006 RIDGE STREET	NAPLES FL 34103

900008591829  
10/25/02-01046-019 \*\*150.00

8. Name and Address of Current Registered Agent

HANNON-STRITZEL, VICTORIA M  
1006 RIDGE STREET  
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Victoria M Hannon Stritzel*  
REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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:

*Victoria M Hannon Stritzel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-  
821-  
8939  
10/21/02

CR2E040 (8/02)

SHOWCASE



DECORATING

282

October 23, 2002

To: Department of State  
Division of Corporations  
P.O.Box 6237  
Tallahassee, Florida 32314

Subject : Reinstatement Fee

I received my mail yesterday and was taken back when I saw that my business corporation was being revoked because I did not pay for my renewal. I looked in my checkbook and saw that I had paid \$150.00 in March of 2001. I acknowledge that I did not realize that I had not paid for the 2002 year but I always respond to forms and fees I receive from government offices. I never received the renewal form if one was sent. If it had been received, I assure you that I would have been prompt with my payment.

I respectfully ask that you review my case and if there is anyway you can reinstate my business without the \$600. fee being repaid, I would be very grateful. I work by myself and the fee represents a large amount of money to me.

Please review my request. I would appreciate if you could renew my business corporation using the \$150.00 check enclosed. I

Sincerely,

*Victoria M Stritzel*

Victoria M. Stritzel