

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 23 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019399

1. Corporation Name

SEAN'S INTERIOR & EXTERIOR, INC.

Principal Place of Business

Mailing Address

6534 NW 1ST CT.
MARGATE FL 33063

6534 NW 1ST CT.
MARGATE FL 33063



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

4. Date Incorporated or Qualified To Do Business in Florida

02/23/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0988896

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	ROSE, SEAN MARIE	6534 NW 1ST CT.	MARGATE FL 33063
VD	WINT, GARY DEAN	6534 NW 1ST CT.	MARGATE FL 33063

~~800885452038~~ 4
-05/06/02--01017--019
***300.00 ***300.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSE, SEAN MARIE
6534 NW 1ST CT.
MARGATE FL 33063

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.

Signature of Registered Agent

Sean Marie Rose

Date 3/1/02

REGISTERED AGENT MUST SIGN

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:

Sean Marie Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/1/02

Daytime Phone #

CR2E040 (8/01)

SEAN'S INTERIOR & EXTERIOR



April 19, 2002

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl.

Re: Reinstatement of License
Letter# 402A00022269

Thank you for timely reply regarding our reinstatement.

We have not receive an original uniform report (UBR), so we asking you to please reinstate our business license.

Enclose is a check in the amount of three hundred dollars (\$300.00) as stated in your letter for the reinstatement fee for 2001 and 2002.

If you have any questions concerning our filing of our document please feel free to call (954) 970-2908

Thank You

Sean' Interior and Exterior Inc.

