

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000032063</b> 1. Entity Name <b>PHYLLIS WRIGHT INTERIORS INC.</b>				FILED 05 APR 15 PM 1:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>55 VISTA DEL RIO BOYTON BEACH, FL 3426</b>		Mailing Address <b>55 VISTA DEL RIO BOYTON BEACH, FL 3426</b>			
2. Principal Place of Business <b>7741 CEDAR HURST CT</b>		3. Mailing Address <b>7741 CEDAR HURST CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LAKE WORTH FL</b>		City & State <b>LAKE WORTH FL</b>		4. FEIN Number <b>65-0996527</b>	
Zip <b>33467</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KESKING, ROBERT 4793 N CONGRESS AVE #206 BOYNTON BEACH, FL 33426</b>				7. Name and Address of New Registered Agent Name <b>Phyllis Wright</b> Street Address <b>7741 CEDAR HURST CT</b> City <b>LAKE WORTH FL</b> Zip Code <b>33467</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: <b>4-12-05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, PHYLLIS 55 VISTA DEL RIO BOYTON BEACH, FL 3426	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7741 CEDAR HURST CT LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 55 VISTA DEL RIO BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7741 CEDAR HURST CT LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500052075635 04/26/05--01017--010 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: <b>4-12-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					