

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 14 AM 8:56

DOCUMENT # P00000041255

1. Corporation Name

Imaginations Furniture & Interiors, Inc.

2. Principal Office Address

703 NE 16th PL

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Zip

33990

Country

Lee

Zip

Country

100010080841
01/14/03--01061--029 ***450.00

4. Date Incorporated or Qualified
To Do Business in Florida

April 21, 2000

5. FEI Number

05-1003310

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

Kimberley Kreller

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

703 NE 16th PL

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33909

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

Kimberley Kreller

Date

REGISTERED AGENT MUST SIGN

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
Pres	Kimberley Kreller	703 NE 16th PL	Cape Coral, FL 33909

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

Kimberley Kreller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03

Date

239-573-6446

Daytime Phone #

CR2E061 (10/02)

January 03, 2003

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DEAR SIR,

I AM WRITTING YOU THIS LETTER BECAUSE I JUST FOUND OUT THAT MY CORP. HAS BEEN DISOLVED AS OF 2001 FOR FAILURE TO SUBMITT AN ANNUAL REPORT.

THIS IS MY FIRST BUSINESS AND I WAS NOT AWARE OF THIS FILING. THIS IS WHY I DID NOT FILE FOR THE PAST YEARS. I AM STILL UNSURE OF EXACTLY WHAT IT IS: - - - -

TODAY I CALLED YOUR OFFICE AND FOUND OUT THE PROPER FORMS TO SEND IN. WHICH I AM SENDING TO YOU WITH THIS LETTER.

I WANTED TO KNOW IF THERE IS A POSSIBILITY THAT YOU MAY WAVE THE REINSTATEMENT FEE AND I WILL PAY THE OTHER FEES FOR THE ANNUAL REPORTS?

WHEN I SPOKE TO THE LADY ON THE PHONE, SHE HAD MENTIIONED THAT O SHOULD HAVE RECEIVED A NOTICE, I DID NOT. I ALSO HAVED MOVED INTO A DIFFERENT LOCATION SINCE THE CORP. WAS STARTED, ALTHOUGH I HAVE BEEN IN THE NEW STORE FOR 2 YEARS, NOW.

I AM SENDING A CHECK FOR THE \$450.00 FOR THE ANNUAL REPORTS, PLEASE

CONTACT ME IF YOU DO NOT ACCEPT MY WAIVER OF THE REINSTATEMENT FEE.

-THANK YOU, AND-I-AM SORRY-FOR-NOT-KNOWING WHAT TO DO.

SINCERELY,

Kimberley Kreller

KIMBERLEY KRELLER
IMAGINATIONS FURNITURE & INTERIORS, INC.