

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050885

1. Corporation Name

LUXURY INTERIOR-DESIGN, INC.

Principal Place of Business

Mailing Address

1223 LAKE BISCAYNE WAY  
ORLANDO FL 32824

1223 LAKE BISCAYNE WAY  
ORLANDO FL 32824

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

05/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3645407

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
PTSD	TATA, DELFINA A	1223 LAKE BISCAYNE WAY	ORLANDO FL 32824

500024055415  
10/23/03--01079--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TATA, DELFINA ANGELA  
1223 LAKE BISCAYNE WAY  
ORLANDO FL 32824

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

*DelFINA TATA*  
REGISTERED AGENT MUST SIGN

Date 10-10-03

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:

*DelFINA TATA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03

CR2E040 (7/03)

10-10-03

Dept. of State,

To whom it may concern,

This letter is to inform you that I did not receive the two prior uniform business report (UBR) notices. We were having problems with change of address.

Please accept my letter, check for \$150, and application for reinstatement enclosed in this envelope. My cellular # is (407) 466-7343.

Thank you very much,

Deanna Lata  
President