

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000100552**

1. Corporation Name

Interior Image of South Florida, Inc.

1557 Jupiter Park Drive

1557 Jupiter Park Drive

2. Principal Office Address

1557 Jupiter Park Drive

3. Mailing Office Address

1557 Jupiter Park Drive

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Jupiter, Florida

City & State

Jupiter, Florida

Zip

33458

Country

USA

Zip

33458

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/27/00

5. FEI Number

65-0944080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Ann Kendall

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

670 Bella Vista Court South

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33477

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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

Ann L. Kendall

Date August 10, 2004

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
CP	Ann Kendall	670 Bella Vista Court South	Jupiter, Florida 33477

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)(l), 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:

Ann L. Kendall

August 10, 2004

561-722-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)