PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -3 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100009803661
01/03/03--01023--001 **308.75

DOCUMENT # P00000010552

1. Corporation Name
Interior Image of South Florida, Inc.

2. Principal Office Address	3. Mailing Office Address
670 Bella Vista Court South	670 Bella Vista Court South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33477 Country: USA	Zip: 33477 Country: USA

01-02

4. Date Incorporated or Qualified To Do Business in Florida: October 27, 2000

5. FEI Number: 65-0944080 ☐ 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: Ann Kendall

Street Address (P.O. Box Number is Not Acceptable): 6709 Bella Vista Court South

Suite, Apt. #, Etc.:

City: Jupiter State: FL Zip Code: 33477

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
REGISTERED AGENT MUST SIGN

Date: December 31, 2002

CR2E061 (9/01)

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
C/P	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)(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: Ann L Kendall Ann L. Kendall, President December : 561-722-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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