

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108480

1. Corporation Name

OMEGA WALLCOVERING & INTERIORS, INC.

Principal Place of Business

6175 NW 167TH ST #G35
MIAMI FL 33015

Mailing Address

6175 NW 167TH ST #G35
MIAMI FL 33015



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2000

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	BEARDEN, BARBARA	5801 SW 102 ST	MIAMI FL 33156

000004699250--9
-11/30/01--01010--018
****158.75 ****158.75

8. Name and Address of Current Registered Agent

SHOMAR, JOSEPH
17439 NW 66 CT
MIAMI FL 33015

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT ML T SIGN

Date

10/23/2001

SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

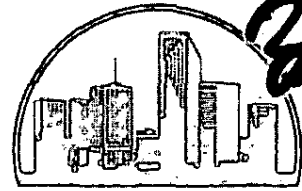
Date

Daytime Phone #

10/23/2001 305-557-5200

CR2E040 (8/01)

omega wallcovering



distinctive wallcovering and application

October 30, 2001

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please accept my check I was not able to occupy the office and warehouse at 6175 N W 167 Street, G- 35 until recently and did not receive the Annual Report for filing. Please waive the penalty for reinstatement and accept my check of One Hundred and Fifty Dollars (\$150.00) plus the fee (\$8.75) for reinstatement of Omega Wallcovering and Interiors, Inc.

Sincerely yours,


Barbara Bearden
President

Enclosures (2) Check & Form