PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000002884 DOCUMENT

1. Corporation Name

DISCOUNT WALLPAPER PLUS, INC.

Principal Place of Business

Mailing Address

PO BOX 450 HOLDER FL 34445-0450 PO BOX 450

HOLDER FL 34445-0450

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If above addresses are incorrect in any way, line through incorrect. New Principal Office Address, If Applicable 3. New M					dress, If Applicable	Date Incorporated or Qualified To Do Business in Florida O4 (04 (000))			7
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01/04/2001 5. FEI Number Applied For			$\frac{1}{2}$
City & State			City & State			<u> </u>	59-3697865	Not Applicable	
Zip	Cou	intry	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED 🗆 \$	8.75 Additional Fee required for a Certificate of Status	:
7. Names	and Street Addresse	es of Each Officer and	/or Director (Flo	rida nonprofi	it corporations must list at l	east 3 directors)]
Title(s) 1 Name of Officers and/or Directors			3		Street Address of Each Officer and/or Director		City / State / Zip		
D	snow, kent s	· ·	851 YELL	OWWOOD TERRACE		LECANTO FL 34461]	
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						30 11/97	000245114 03 01064 018	168 **400.80	
			,						
<u></u>	8. Name and	Address of Current	Registered Age	ent		9. Name and	Address of New Registerer	d Agent	1
					Name		- HH		100,1
SNOW, KENT S 851 YELLOWWOOD TERRACE LECANTO FL 34461				Street Address (P.O. Suite, Apt. #, Etc.		(P.O. Box Number	O. Box Number is Not Acceptable)		
									16
					City		Sta F I	te Zip Code	1
10. I, being	g appointed the regis	stered agent of the abo	ove named corpo	oration, am fa	amiliar with and accept the	obligations of Sect	tion 607.0505, F.S. or 617.05	•	7
							11-5-0		
Signature o	of Agent <u>K</u> a	RES &		0	· · ·		Date 352-	4890033	
	<u> </u>	Rī	EGISTERED AG	ENT MUST	SIGN				

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 filling 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.

Florida Dept of State From Kent J Snow 11-6-03 Representing Discount Wallpaper Plus Quality First Wallpaper and Paint Specialists Elne. Please Accept my spology for Not sending the late see in On my 2 corporations. Il did Not Réciere the papernork. Possibly an employée picked up the mail and it never got to where it should. el Realize this is no excuse but, I did send my# 150.00 fees in in July. Hopefully this will prove that El did not Want the corporations dissolved. El am endoping a Check for both companies. Please accept this in good Faith

and please get these corporations reinstated.

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Sincerely, Kent 55 now