

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 28 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017210

1. Corporation Name

ZAFARI ART & DECOR DESIGN, INC.

Principal Place of Business

583 KEN HUBBARD ROAD
TERRA CEIA FL 34250

Mailing Address

PO BOX 446
TERRA CEIS FL 34250

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

02/15/2001

5. FEI Number

65-1082436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

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
D	HOBBY, GERALD	PO BOX 446	TERRA CEIA FL 34250

000024205450
10/28/03--01045--015 **150.00

8. Name and Address of Current Registered Agent

DORMAN, LORI M
CONLEY CLEARY & DORMAN CHARTERED
2401 MANATEE AVENUE W
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

ROGER P. CONLEY

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

2401 MANATEE AVENUE WEST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/21/03

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:

[Signature] GERALD HOBBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

21 OCT 2003 941-729-4195

Daytime Phone #

CR2E040 (7/03)

P.O. BOX 446
TERRA CEIA, FLORIDA 34250
(813) 917-9379 (941) 729-4195

ZAFARI ART & DÉCOR DESIGN

October 25, 2003

TO: DIVISION OF CORPORATIONS

SUBJECT: APPLICATION FOR REINSTATEMENT FORM

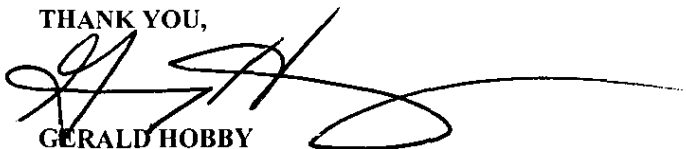
WE RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION. WE DID NOT
RECEIVE ANY NOTICE OR RENEWAL INFORMATION.

I CALLED YOUR OFFICE AND EXPLAINED THAT OUR REGISTERED AGENT
(LORI DORMAN) ATTORNEY NO LONGER WORKS FOR THE LAW FIRM WE HIRED.
WE HAD NO IDEA THAT SHE WAS GONE AND RECEIVED NO NOTICE FROM THE
STATE THAT THIS FORM WAS DELINQUENT.

YOUR OFFICE EXPLAINED TO ME TO FIND ANOTHER AGENT AND TO TYPE A
LETTER STATING WHAT HAPPENED. HE SAID TO SEND A CHECK OF \$150. 00
ATTACHED WITH THE FORM.

PLEASE CALL IF YOU HAVE QUESTION. 941-29-4195.

THANK YOU,



GERALD HOBBY

ZAFARI ART AND DÉCOR DESIGN

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