

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000018542**

1. Corporation Name

JULIE BURKE INTERIORS, INC.
149 JAMES PLACE
MAITLAND, FL 32751

2. Principal Office Address

149 JAMES PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/19/01

5. FEI Number

59-3717253

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**3.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JULIE M BURKE

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

149 JAMES PLACE

Suite, Apt. #, Etc.

City

MAITLAND

State

FL

Zip Code

32751

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

JULIE M BURKE

REGISTERED AGENT MUST SIGN

Date

4/19/04

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
DP	JULIE M. BURKE	149 JAMES PLACE	MAITLAND FL 32751
DVS	GARY L. BURKE	149 JAMES PLACE	MAITLAND FL 32751

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:

JULIE M BURKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/04

Daytime Phone #

682-1422

K117

CR2081 (01/04)

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Julie Burkey Interiors, Inc.
149 James Place
Maitland, Florida 32751
(407) 222-9678 Phone (407) 622-8880 Fax

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

Re: Federal I.D. # 59-3717253 Julie Burkey Interiors, Inc.

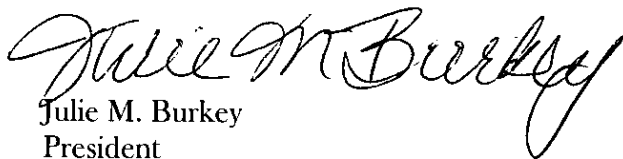
To Reinstatement Department:

This letter is to inform you that I am remitting a reinstatement form for my corporation Julie Burkey Interiors, Inc. because I had moved from my prior location of: 1781 Via Tuscany, Winter Park, FL 32789 and my mail had obviously not been forwarded to me. I truly apologize as I handle five other corporations, and do not know how this form was overlooked. I do know that receiving the postcards this year rather than the letters from prior years, was an adjustment and was almost overlooked as a reminder to pay the annual reporting fee.

Again, I am truly sorry for this oversight and very upset that I could have not noticed that I had not received my renewal paperwork. I enclose my check for \$300 and hope that if there are any late fees, that you would kindly consider waiving them.

Please let me know if I need to provide you with any additional information. I have filed my tax return and my monthly sales tax forms and had no idea this situation existed until receiving my other corporation's status and realized that this one was missing.

Thank you,


Julie M. Burkey
President