

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 15 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000064337

1. Corporation Name

ETS INTERIORS

2. Principal Office Address

1385 VERMOUTH LN.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

City & State

Zip

33983

Country

CHARLOTTE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1132616

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

800019084688

05/15/03--01052--001 **\$300.00

7. Name and Address of Current Registered Agent

Name

DOUGLAS SMITH

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

1385 VERMOUTH LN

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33983

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

Date 5/8/03

REGISTERED AGENT MUST SIGN

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
PRES	DOUGLAS SMITH	1385 VERMOUTH LN	PUNTA GORDA, FL. 33983

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

Date

941 628 1478

Daytime Phone #

CR2E081 (10/02)

ETS Interiors, Inc.
1385 Vermouth Lane
Punta Gorda, FL 33983
941-628-1478

To Whom It May Concern:

Please be advised that on May 6th, 2003, I spoke on the phone with a gentlemen from your office. I explained to him that I had never received the yearly renewal form. He advised me to request a re-instatement form and to send this form back along with a check for \$300.00. Any questions, please contact me at the above listed phone number.

Sincerely,

A handwritten signature in black ink, appearing to read 'Doug Smith', with a stylized flourish extending to the right.

Doug Smith
