

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000082742

1. Corporation Name

INTERIORS OF ORLANDO INC.

2. Principal Office Address

3831. W. VINE STREET

Suite, Apt. #, etc.

UNIT 6

City & State

KISSIMMEE FLORIDA

Zip

34741

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/01

5. FEI Number

EIN# 02-6553081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVEN BARNES

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

3337 STEEPLECHASE LANE

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 04/24/03

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	STEVEN BARNES	3337 Steeplechase	KISS, FL, 34746
V.P.	Craig Webb	2375 Topaz Trail	KISS, FL, 34747

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

Date

04/24/03

Daytime Phone #
407-908-4668

CR2E081 (10/02)

915/22

FAO: Florida Department Of State

Re: **Interiors Of Orlando/** Reinstatement
3831 West Vine Street, Unit 6
Kissimmee, Fl, 34741

EIN: **02-0553081**

Date: 04/24/03

Dear Sir/Madam

I am writing this letter requesting the reinstatement of Interiors Of Orlando, Inc. Our accountant has informed me that the corporation has been dissolved due to non-payment.

I can assure you that we have not now or ever received any forms to file and am now concerned as to what is happening with them. After reviewing your mailing address, the only discrepancy I see is Unit 6 instead of Suite 6.

I have attached a reinstatement form along with a check for \$ 300.00 filing fee. I hope that this is correct and anxiously await your reply.

I would also like to request any useful information/booklets regarding the upkeep of our business.

Yours sincerely


Steven Barnes