

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084809

1. Corporation Name

Objects, Inc.

2. Principal Office Address

111 Pineapple Grove Way

Suite, Apt. #, etc.

Creations Design Center

City & State

Delray Beach, Florida

Zip

33483

Country

3. Mailing Office Address

83 Tall Oaks Circle

Suite, Apt. #, etc.

City & State

Teguesta, FL

Zip

33469

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 2001

5. FEI Number

65-1133534

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

Spiegel & Utrera, P.A.

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

1840 SW 22nd St. 4th Floor

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33145

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.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent

BY: Natalia Utrera, Vice President

Date

12/10/02

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
P	Susan Feldman	83 Tall Oaks Circle	Teguesta, FL 33469

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:

Susan Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03/02

Date

561-746-0022

Daytime Phone #

CR2E081 (9/01)

PRMC 2002

objects

12/3/02

To Whom It May Concern,

I am requesting a corporation reinstatement for the following reasons.

In August 2001, I closed my store and
~~reopened in Creations Home Furnishings store.~~

In addition to that, I moved to Tequesta, and my daughter was hospitalized twice (diabetes related). To say the least, it was quite hectic for me. Due to medical and financial problems and moving, either I never recieved the necessary paperwork or if I did, I must have misplaced it.

I hope you will consider my reinstatement, as it would be most appreciated.

Store location:

111 Pineapple Grove Way
Creations Design Center
Delray Beach, FL 33483

561.706.4400
Fax. 561.746.0907

Mailing address:
83 Tall Oaks Circle
Jupiter, FL 33469

Thank you -

Susan Feldman

President, Objects, Inc.

Enclosed please find a check for ~~\$450~~ \$175 for the corporation filing fee.