

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 13 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000089564**

1. Corporation Name

INTERIORS BY DESIGN OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

8640 PHILIPS HWY
SUITE 25
JACKSONVILLE FL 32256

8640 PHILIPS HWY
SUITE 25
JACKSONVILLE FL 32256



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/06/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3743139

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|-----------------------|
| PTD | WEIDLE, TERRI | 12826 CHETS CREEK DR N | JACKSONVILLE FL 32224 |
| | | | |
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| | | | |
| | | | |

600023765276
10/13/03--01098--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEIDLE, TERRI
12826 CHETS CREEK DR N
JACKSONVILLE FL 32224

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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

TERRI WEIDLE

Date 10/8/03

REGISTERED AGENT MUST SIGN

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:

TERRI WEIDLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

(904) 733-1221

Daytime Phone #

CR2E040 (7/03)



8640 Philips Highway, Suite 25
Jacksonville, Florida 32256
Phone (904) 733-1221
Fax (904) 733-1271

October 8, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-3627

Dear Sir or Madam:

Please accept our application for reinstatement. On October 8, 2003 we received a notice of administrative dissolution. We have not received the two prior uniform business report notices. We have enclosed the appropriate UBR filing fee and completed application.

Sincerely,

A handwritten signature in cursive script that reads 'Terri L. Weidle'.

Terri L. Weidle
President