

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 31 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108083

1. Corporation Name

J. M. WALLCOVERINGS INC.

Principal Place of Business

2796 SW 180TH AVENUE
MIRAMAR FL 33029

Mailing Address

2796 SW 180TH AVENUE
MIRAMAR FL 33029

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2001

5. FEI Number

74-3033087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | John Manning | 2796 SW 180 Ave | MIRAMAR, FL 33029 |
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| | | | |
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8. Name and Address of Current Registered Agent

WIBLE, ROY S
16519 NW 27TH AVENUE
MIAMI FL 33054

9. Name and Address of New Registered Agent

Name John Manning
Street Address (P.O. Box Number is Not Acceptable)
2796 SW 180 Ave.
Suite, Apt. #, Etc.
City MIRAMAR
State FL Zip Code 33029

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-28-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Manning

Date

12-28-02 9545407734

Daytime Phone #

CR2E040 (8/02)

JM Wall coverings
2796 SW180th AVE
Miramar, Fl. 33029

To Whom It May Concern:

I received this application for reinstatement in the mail about a month ago stating that I never submitted my uniform business report for 2002. But I never received my original uniform business report 2002 from the secretary of state. This is the first notification I have received. The only notice I received was this 2002 reinstatement form. Also I already sent in my fee of \$150 for my yearly fee. I need the late fee for J.M Wall coverings to be waived so I may resume business.

A handwritten signature in black ink, appearing to read 'John Manning', with a stylized, cursive script.

John Manning