

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000122045

1. Corporation Name

Branson Interiors, Inc.

2. Principal Office Address

3459 West Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

3459 West Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

REINSTATEMENT
CR2E081 (8/05)

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/28/2005

5. FEI Number

010557660

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

Michelle Muroski

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

3459 West Vine Street

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

300060190629
10/03/05--01070--018 **1050.00

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

Michelle Muroski
REGISTERED AGENT MUST SIGN

Date

09/30/05

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	Kevin Dawson	3459 West Vine Street	Kissimmee, FL 34741

09/30/05

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

Daytime Phone #

9/30/05