

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -4 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000028047

1. Corporation Name

Leather Interiors, Inc.

2. Principal Office Address

4880 S. Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip  
34231

Country  
Sarasota

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03

500025223525  
12/04/03--01016--007 \*\*875.00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/14/2002

5. FEI Number

03 0407062

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

W. Bartlett Scovill

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

1605 Main Street

Suite, Apt. #, Etc.

Suite 912

City

Sarasota

State  
FL

Zip Code  
34236

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

REGISTERED AGENT MUST SIGN

Date

10/24/03

**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
P/V/S	Deborah Klaassen	1035 Holiday Circle	Seven Points, TX 75143
T/D	Ernest L. KLAASSEN	1035 Holiday Circle	Seven Points, TX 75143

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:

Deborah A. Klaassen / Deborah A. KLAASSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/03  
Date

941 924 9441  
Daytime Phone #

CR2E081 (10/02)