

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000061274

1. Entity Name
WETHERBEE INTERIORS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 27 PM 4:08

Principal Place of Business
1578 SW BALMORAL TRACE
STUART, FL 34997

Mailing Address
1578 SW BALMORAL TRACE
STUART, FL 34997



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
04-3670439

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNEY, MARIA I
1578 SW BALMORAL TRACE
STUART, FL 34997

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MW McKinney
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MCKINNEY, MARIA I
STREET ADDRESS 1578 SW BALMORAL TRACE
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition
NAME 100042240191
STREET ADDRESS 10/27/04--01023--019 **\$150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCKINNEY, ROBERT A
STREET ADDRESS 1578 SW BALMORAL TRACE
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAGOL, DIEGO
STREET ADDRESS 1420 LUGO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CAGOL, MILDRED L
STREET ADDRESS 1420 LUGO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WETHERBEE, STELLA
STREET ADDRESS 1575 SW SILVER PINE WAY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MW McKinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04
Date

772-485-8073
Daytime Phone #