

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 NOV -6 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03

DOCUMENT # P02000095053

1. Corporation Name

INTERIOR CONTRACTING, INC.

Principal Place of Business

5812 LAMOYA AVE
JACKSONVILLE FL 32210

Mailing Address

5812 LAMOYA AVE
JACKSONVILLE FL 32210



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

09/03/2002

5. FEI Number

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	WELLS, MICHAEL W	5812 LAMOYA AVE	JACKSONVILLE FL 32210
VP	FUNSTON, RODERICK K	3544 ST. JOHNS BLUFF RD. S. #613	JACKSONVILLE FL 32224

500024481945
11/06/03--01046--025 **150.00

8. Name and Address of Current Registered Agent

WELLS, MICHAEL W
5812 LAMOYA AVE
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

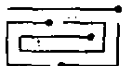
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

Daytime Phone #

CR20040 (7/03)



CONNER, HUBBARD & COMPANY, P.A.
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

November 3, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Interior Contracting, Inc.
P02000095053

Dear Sir:

This is in response to your letter dated October 20, 2003 (a copy is enclosed). Enclosed please find the UBR reinstatement form for the above referenced corporation. The business has never received the original/second notice uniform business report.

Please call me if you have any questions.

Sincerely,
CONNER, HUBBARD & COMPANY, P.A.

Steven W. Conner,
Certified Public Accountant

SWC:ph

Enclosures

cc: Mr. Michael W. Wells

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Website: www.ConnerHubbard.com
Please respond to the office at:

E-mail: Firm@ConnerHubbard.com

☒ 1106 Park Avenue
Orange Park, Florida 32073
(904) 278-1040; Fax (904) 278-9444

☐ 3128 Beach Boulevard
Jacksonville, Florida 32207
(904) 398-1710; Fax (904) 398-5298

☐ 212 North Davis Street
Nashville, Georgia 31639
(229) 686-3377; Fax (229) 686-3566