

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 DEC -5 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000113418**

1. Corporation Name

**STEADY TRIM INTERIORS, INC.**

Principal Place of Business

Mailing Address

151 PARADISE BLVD..  
SUITE #2  
INDIALANTIC FL 32903

151 PARADISE BLVD..  
SUITE #2  
INDIALANTIC FL 32903

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

56-2298420

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GRIGGS, BOYD G III	151 PARADISE BLVD. #2	INDIALANTIC FL 32903

700023870517  
10/17/03--01022--008 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SORSHER, ALEKSANDR  
2422 NE 9 STREET  
HALLANDALE FL 33009

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 10-10-2003

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

10/10/03

Date

Daytime Phone #

CR2E040 (7/03)

151 Paradise Blvd. #2, Indialantic, FL 32903

**Steady Trim, Inc.**

# Fax

**To:** Division of Corp.

**From:** Boyd Griggs

**Fax:**

**Pages:** 1

**Phone:**

**Date:** 10/13/2003

**Re: Steady Trim**

**CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Dear Sir or Madame,

Enclosed, please see application for reinstatement and a check for \$150.00 I have never received an original UBR application and since it's our fist year of incorporation, I didn't know about it.

Sorry for the inconvenience,

Regards,

Boyd Griggs, Pres.

