

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 AUG 16 PM 4:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Pauline Pitt Interiors, Inc
P02000120477

2. Principal Office Address - No P.O. Box #

251 Royal Palm Way

3. Mailing Office Address

251 Royal Palm Way

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida: 11/12/2002

5. FEI Number

04-3725604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
N/A

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert G. Simses

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

251 Royal Palm Way

Suite, Apt. #, Etc.

Suite 400

City

Palm Beach

State

FL

Zip Code

33480

700289142437
08/16/16--01025--017 **900.00

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

Robert G. Simses

REGISTERED AGENT MUST SIGN

Date August 10, 2016

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	Pauline B. Pitt	251 Royal Palm Way Suite 400	Palm Beach, FL 33480

REINSTATEMENT

2015-2016

S. HAWKES

AUG 11 AM

EXAMINER

10. E-mail Address: ppittinteriors@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Pauline B. Pitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/16 561-832-1615

Date Daytime Phone #