

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 20 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000058447

1. Corporation Name

ILLUSION INTERIORS, INC.

700067378307
03/08/06--01008--007 **450.00

2. Principal Office Address

3622 SE 1st Street

Suite, Apt. #, etc.

3. Mailing Office Address

3622 SE 1st Street

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

US

Zip

33435

Country

US

REINSTATEMENT

04-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/28/2003

5. FEI Number

☒ 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

Mark Wells

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

3622 SE 1st Street

Suite, Apt. #, Etc.

City

Boynton Beach

State
FL

Zip Code
33435

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

Mark P. Wells

REGISTERED AGENT MUST SIGN

Date **2/8/06**

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
D	Mark Wells	3622 SE 1st Street	Boynton Beach, FL 33435

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:

Mark P. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06

Date

K. Eckel FEB 20 2006
561-723-2808

Daytime Phone #

2/2

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Illusion Interiors, Inc.

Enclosed are the following:

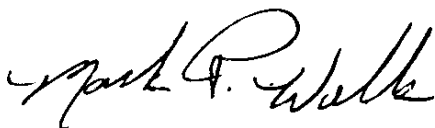
1. Uniform Business Report for the company referenced above.
2. \$450 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:



Name: Mark Wells

Title: Director

Date: 2-10-06