

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -6 PM 3:45

DOCUMENT # P03000154456

1. Corporation Name

Scott Saunders Wallcovering Inc.

2. Principal Office Address

8409 N. Packwood Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Fl.

City & State

Zip

33604

Country

USA

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

0908

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2004

5. FEI Number

20-0527373

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
William S. Saunders

Street Address (P.O. Box Number is Not Acceptable)
8409 N. Packwood Ave.

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33604

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

William S. Saunders

Date 3/16/06

REGISTERED AGENT MUST SIGN

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	William S. Saunders	8409 N. Packwood Ave	Tampa Fl. 33604

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 contained in Chapter 119, 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:

William S. Saunders

William S. Saunders

03/16/2006 813-918-5583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #