

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 15 PM 4:37

SECRETARY OF STATE

REINSTATEMENT 05-06



01312006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000102621

1. Entity Name
INTERIOR EXCLUSIVE DESIGN, INC.



Principal Place of Business
7218 HUBERT AVE
TAMPA, FL 33614

Mailing Address
7218 HUBERT AVE
TAMPA, FL 33614

2. Principal Place of Business
1412 W. WATER
Suite, Apt. #, etc.
105

3. Mailing Address
1412 W. WATER
Suite, Apt. #, etc.
105

City & State
TAMPA FL.

City & State
TAMPA FL.

Zip
33604

Country

Zip
33604

Country

4. FEI Number
20-1384606

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLLEY, ENDNA
7218 HUBERT AVE
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOLLEY, ENDNA 7218 HUBERT AVE TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Endna Woolley 2-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #