

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000146321

1. Entity Name
FIFTH AVE INTERIORS, INC.



Principal Place of Business
161 ESPERANZA WAY
PALM BEACH GARDENS, FL 33418 US

Mailing Address
161 ESPERANZA WAY
PALM BEACH GARDENS, FL 33418 US

2. Principal Place of Business
1616 NATURE COURT
Suite, Apt. #, etc.

3. Mailing Address
1616 NATURE COURT
Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

Zip
33410

Country
USA

Zip
33410

Country
USA

10182006 REIN-P CR2E098 (11/05)

4. FEI Number
83-0420276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 Deborah D. Skipper
Signature, typed or printed name of registered agent and fee if applicable.

Deborah D. Skipper
(NOTE: Registered Agent Signature Required when reinstating)

10/18/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MAIDA, ANDREA N
161 ESPERANZA WAY
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

200081304682
10/27/06--01058--024 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA N. MAIDA

10/18/06

561-704-8293

Date

Daytime Phone #

FILED

2006 OCT 27 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/31