

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000164 232

1. Corporation Name

Interiors & Design, Inc.

000073993480
05/04/06--01022--013 **308.75

2. Principal Office Address

3. Mailing Office Address Same

37 North Orange Avenue Suite 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Orlando, FL 32801

Zip

Country

Zip

Country

32801

USA

REINSTATEMENT 05-06

4. Date Incorporated or Qualified
To Do Business in Florida

November 24, 2004

5. FEI Number

76-0773034

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

Patricia Lloyd

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

16877 East Colonial Drive #177

Suite, Apt. #, Etc.

#177

City

Orlando, FL

State

FL

Zip Code

32820

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

Date

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
CEO	Patricia Lloyd	16877 E. Colonial Dr #177	Orlando, FL 32820

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:

Patricia Lloyd

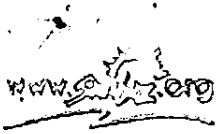
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2006 407-810-4124

Date

Daytime Phone #

B. Mitchell APR 26 2006



Division of Corporations

2 of 3

2006 Reinstatement

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the Reinstatement form.

This information cannot be changed on the report.	
Document Number	P04000164232
Business Entity Name	INTERIORS & DESIGN, INC.
Original File Date	11/24/2004

FEI Number

Principal Address 300 SOUTH ORANGE AVE., STE. 1500
ORLANDO, FL 32801

Mailing Address 300 SOUTH ORANGE AVE., STE. 1500
ORLANDO, FL 32801

Registered Agent PAT LLOYD
2582 S. MAGUIRE RD., STE. 282
OCOE, FL 34761 US

Officer/Director Name And Address

D
PAT LLOYD
2582 S. MAGUIRE RD., STE. 282
OCOE, FL 34761

☒ **A reinstatement fee is required except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000164232

1. Entity Name
INTERIORS & DESIGN, INC.



* NEW ADDRESS CHANGES *

Principal Place of Business
300 SOUTH ORANGE AVE., STE. 1500
ORLANDO, FL 32801

Mailing Address
300 SOUTH ORANGE AVE., STE. 1500
ORLANDO, FL 32801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 REIN-P CR2E098 (11/05)

4. FEI Number

76-0773034

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, PAT
2582 S. MAGUIRE RD., STE. 282
OCOE, FL 34761

NEW ADDRESS
AS ATTACHED

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

TITLE
NAME
D
LLOYD, PAT
STREET ADDRESS
2582 S. MAGUIRE RD., STE. 282
CITY-ST-ZIP
OCOE, FL 34761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NEW ADDRESS AS ATTACHED

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #