

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000158282

1. Entity Name  
GOODMAN INTERIORS INC



FILED

07 FEB 15 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
1400 N.W. 13TH AVENUE SUITE # 30 BOCA RATON, FL 33486  
1400 N.W. 13TH AVENUE SUITE # 30 BOCA RATON, FL 33486

2. Principal Place of Business - No P.O. Box #  
4498 SW ATTLEE ST  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
PORT ST. LUCIE, FL  
City & State

Zip Country  
34953 USA  
Zip Country

02982007 REIN-P CR2E098 (1/07) 0607  
REINSTATEMENT  
4. FEI Number 65-1267045 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
FAWKES, AGNES  
1400 N.W. 13TH AVENUE SUITE # 30 BOCA RATON, FL 33486

7. Name and Address of New Registered Agent  
Name AGNES FAWKES  
Street Address (P.O. Box Number is Not Acceptable) 4498 SW ATTLEE Street  
City PORT ST. LUCIE FL Zip Code 34953

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 (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	P	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, JEAN P			NAME	4498 SW ATTLEE ST		
STREET ADDRESS	1400 NW 13TH AVENUE # 30			STREET ADDRESS	PORT ST. LUCIE 34953 FL		
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP			
TITLE	VP,S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAWKES, AGNES			NAME	4498 SW ATTLEE ST		
STREET ADDRESS	1400 NW 13TH AVE # 30			STREET ADDRESS	PORT ST. LUCIE 34953 FL		
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 #