

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000127030

1. Corporation Name

Interior Design Matters Inc.

2. Principal Office Address - No P.O. Box #

545 Watermark Street,

Suite, Apt. #, etc.

Suite # 306

City & State

Dania Beach

Zip

33004

Country

USA

3. Mailing Office Address

545 Watermark Street,

Suite, Apt. #, etc.

Suite # 306

City & State

Dania Beach

Zip

33004

Country

USA

700148804657
04/06/09--01025--018 **908.75
CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-28-2007

5. FEI Number
26-1519883

☐ 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

Susan B. Hensley

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

545 Watermark Street,

Suite, Apt. #, Etc.

Suite # 306

City

Dania Beach

State
FL

Zip Code
33004

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Susan B. Hensley
REGISTERED AGENT MUST SIGN

Date 4/01/2009

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/T/S	Susan B. Hensley	545 Watermark Street, Suite # 306	Dania Beach, FL 33004

REINSTATEMENT

DLA

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:

Susan B. Hensley

Susan B. Hensley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/2009

Date

954-559-8824

Daytime Phone #