

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 12 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000008843**

1. Corporation Name

Florida Business Interiors, Inc.

2. Principal Office Address

107 Commerce Street

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32746

Country

USA

3. Mailing Office Address

107 Commerce Street

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1992

5. FEI Number

59-3151825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Patrick, Lyndell C.

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

107 Commerce Street

Suite, Apt. #, Etc.

City

Lake Mary

State
FL

Zip Code

32746

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

Lyndell Patrick

REGISTERED AGENT MUST SIGN

Date *2/8/01*

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	Patrick, Lyndell C.	740 Powder Horn Circle	Lake Mary, FL 32746
VP	Bowman, Dennis M.	866 Shriver Circle	Lake Mary, FL 32746

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 under section 119.07(3)(i), 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:

Lyndell Patrick Lyndell Patrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/01

Daytime Phone #

(407) 805-9911

CR2E081 (9/00)



292

February 8, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

~~To Whom-It-May Concern:~~

It has come to our attention that we did not receive the Annual Report form for the year 2000. From our 1999 report copy, I see that our mailing address is now incorrect and you would have had the form returned to your office.

We have contacted Corporation Reinstatement and have received the enclosed form. We have included our check for \$300 and are requesting a waiver of the late fees.

Thank you for your consideration and assistance in getting our corporation back in proper standing with the Department of State.

Sincerely,

Florida Business Interiors, Inc.

A handwritten signature in black ink, appearing to read 'Lyndell Patrick', is written over a horizontal line.

Lyndell Patrick
President

Enclosures