

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PM 3:32

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P92,600009710
1. Corporation Name Scott Blair Interior Design
4625 N. A1A Suite 6
Vero Beach, FL 32963

600067939256
03/16/06--01003--012 **608.75

REINSTATEMENT 03-06
CR2E081 (12/05)

2. Principal Office Address 4625 N. A1A Ste 6 Suite, Apt. #, etc. Ste 6 City & State Vero Beach FL Zip 32963		Country USA		3. Mailing Office Address 4625 N. A1A Suite, Apt. #, etc. Suite 6 City & State Vero Beach FL Zip 32963		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 01/01/93	
5. FEI Number 65-0380973	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Scott Blair

Street Address (P.O. Box Number is Not Acceptable): 4800 Coventry Dr.

Suite, Apt. #, Etc.:

City: Vero Beach State: FL Zip Code: 32967

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: 2/28/06

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
President	Scott Blair	4800 Coventry Dr.	Vero Beach, FL 32967

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: Date: 2/28/06 (772) 231-2366 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2052

SCOTT BLAIR INTERIOR DESIGN, INC.

4625 NORTH HIGHWAY A1A SUITE 6
VERO BEACH, FL 32963
FL LIC. # IB0000908

February 27, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement of FEIN # 65-0380973

Dear Sir or Madam:

Enclosed please find our application for reinstatement and appropriate fees. We did not receive our annual report for 2003 or subsequent years. According to your records they were returned by the post office. When we filed in 2002 our change of address was noted on the form so we should have received 2003 with no problem.

We humbly regret not knowing about the situation and request that our status be updated as soon as possible.

Thank you for your prompt consideration.

Respectfully,

A handwritten signature in black ink, appearing to read "Scott Blair", written over a horizontal line.

Scott Blair,
President
Scott Blair Interior Design