

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:17

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001829

1. Corporation Name

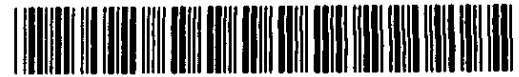
BEST WALLPAPER, INC.

Principal Place of Business

Mailing Address

11511 US HWY 19 N  
CLEARWATER FL 33764-7401

11511 US HWY 19 N  
CLEARWATER FL 33764-7401



400009734754  
12/30/02--01030--001 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3159465

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	MILLER, TIMOTHY J.	7990 11TH AVE., S.	ST. PETERSBURG FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, TIMOTHY J  
11511 US HWY 19 N  
CLEARWATER FL 33764

MILLER TIMOTHY J.  
3290 TYLOVE BLVD N.  
ST PETERSBURG FL  
33710

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Timothy J. Miller*  
REGISTERED AGENT MUST SIGN

Date

12-26-02

11. 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:

*Timothy J. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/02

Daytime Phone #

727-347-2234

CR2E040 (8/02)

**Best Wallpaper Inc.**

3790 TYRONE BLVD. N.  
ST. PETERSBURG, FL. 33710  
727-347-2234 Fax 727-347-0512

12/26/02

TO WHOM IT MAY CONCERN.

PLEASE WAIVE THE REINSTATEMENT  
FEE OF \$600<sup>00</sup> AS THE ORIGINAL NOTICE  
WAS SENT TO OUR OLD ADDRESS AND  
IT WAS NOT FORWARDED. ENCLOSE \$150<sup>00</sup>  
CHECK

Thank you

Timothy J. Keller  
Pres.