

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005985

1. Corporation Name

WALLPAPER BOUTIQUE, INC.

Principal Place of Business

778 S FED HWY
DEERFIELD BCH FL 33441
US

Mailing Address

778 S FED HWY
DEERFIELD BCH FL 33441
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1993

5. FEI Number

65-0383384

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PST=	BAGNASCO, PETER <i>deceased</i>	2758 N.E. 30 AVE., APT. 2C	LIGHTHOUSE POINT FL
PST	Bonnie Bagnasco <i>Bonnie Bagnasco</i>	2758 NE 30 Ave., Apt. 2C	Lighthouse Point, FL 33064
			600002724126--8 -12/28/98--01115--023 ****150.00 ****150.00
			REINSTATEMENT 98-12-23/98
			600002724126--8 -12/28/98--01115--024 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

BLODIG, GREGORY J
1630 NORTH FEDERAL HWY.
FT. LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name
Christopher Ema, Esq.
Street Address (P.O. Box Number is Not Acceptable)
MacLean and Ema
Suite, Apt. #, Etc.
2600 NE 14th Street Causeway
City
Pompano Beach
State
FL
Zip Code
33062

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date December 16, 1998

REGISTERED AGENT MUST SIGN Christopher J. Ema

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Bonnie Bagnasco
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone#

954-426-0400