

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 FEB -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026731

1. Corporation Name

A.K. INTERIORS, INC.

Principal Place of Business

10634 U.S. HIGHWAY 301
DADE CITY FL 33525

Mailing Address

10634 U.S. HIGHWAY 301
DADE CITY FL 33525

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

04/12/1993

5. FEI Number

59-3174989

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	POTZ, ARTHUR E	10634 U.S. HWY. 301	DADE CITY FL 33525
DVS	LARSON, KEVEN A	10634 U.S. HWY. 301	DADE CITY FL 33525

4000004916684--2
-02/13/02--01089--006
***300.00 ***300.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

1-850-521-1000

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Deborah D. Skipper
Deborah D. Skipper
Asst. V. Pres.

Date 2/7/02

REGISTERED AGENT MUST SIGN

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:

Arthur E. Potz
ARTHUR E. POTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 352-567-9550
Date Daytime Phone #

CR2E040 (8/01)



ACCOUNT NO. : 072100000032

REFERENCE : 434578 95280A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : February 7, 2002

ORDER TIME : 2:25 PM

ORDER NO. : 434578-005

CUSTOMER NO: 95280A

CUSTOMER: Mr. Arthur Potz
A.k. Interiors, Inc.
10634 U.s. Highway 301

Dade City, FL 33525

DOMESTIC FILINGS

NAME: A.K. INTERIORS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds X1133

EXAMINER'S INITIALS _____

RECEIVED
02 FEB - 7 PM 3:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA