

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029866

1. Corporation Name

THREE C INTERIOR DESIGNS, INC.

2. Principal Office Address

8010 FRONT BEACH ROAD

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

Zip

32407

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-04

800034526068

04/29/04--01010--007 **1350.00

4. Date Incorporated or Qualified

To Do Business in Florida 04/23/1993

5. FEI Number

59-3181734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LINDA S GUYNN

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

8010 FRONT BEACH ROAD

Suite, Apt. #, Etc.

City

PANAMA CITY

State
FL

Zip Code
32407

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

REGISTERED AGENT MUST SIGN

Date

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
D	GUYNN, MICHAEL L.	8010 FRONT BEACH ROAD	PANAMA CITY BEACH, FL 32407
D	GUYNN, LINDA S.	8010 FRONT BEACH ROAD	PANAMA CITY BEACH, FL 32407

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04 850-233
6471

Daytime Phone #

CR2E081 (01/04)