

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029866

1. Corporation Name

THREE C INTERIOR DESIGNS, INC.

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

REINSTATEMENT 00-04

2. Principal Office Address 8010 FRONT BEACH ROAD	3. Mailing Office Address SAME	800034526068 04/29/04-01010--007 **1350.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 04/23/1993	
City & State PANAMA CITY BEACH, FL	City & State	5. FEI Number 59-3181734	Applied For Not Applicable
Zip 32407	Country USA	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
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

Date

5/27/04

CR2E081 (01/04)

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
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

5/27/04 850-233
Daytime Phone # 6427
TR