

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:28

DOCUMENT # **P93000055122**

1. Corporation Name

INTERIORS BY PRISCILLA, INC.

Principal Place of Business

Mailing Address

**7441 NW 11TH PL
PLANTATION FL 33313**

**7441 NW 11TH PL
PLANTATION FL 33313**



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

08/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0428958

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAIRSTON, PRISCILLA	7441 NW 11TH PL	PLANTATION FL 33313
VP	HAIRSTON, JAMES M	7441 NW 11TH PL	PLANTATION FL 33313

600004683426--7

-11/15/01--01023--014

******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HAIRSTON, PRISCILLA
7441 NW 11TH PL
PLANTATION FL 33313**

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

REGISTERED AGENT MUST SIGN

Date

10-01-01 AD

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:

**PRISCILLA
HAIRSTON**

Date

Daytime Phone #

**10/01/01 954-
587-6505**

CR2040 (8/01)