

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000038316

1. Corporation Name

CORPORATE INTERIORS, INC.

Principal Place of Business

4825 140TH AVE. N.  
C  
CLEARWATER FL 34625  
US

Mailing Address

4825 140TH AVE. N.  
~~C~~  
~~CLEARWATER FL 34625~~  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SUITE F  
City & State  
CLEARWATER FL  
Zip  
33762 Country  
FLORIDA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME  
City & State  
Zip  
Country

4. Date Incorporated or Qualified To Do Business in Florida

05/20/1994

5. FEI Number

59-2775319

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRANK, MARILYN J	278 SHEFFIELD CIRCLE	PALM HARBOR FL
T	FRANK, ROBERT J	278 SHEFFIELD CIRCLE	PALM HARBOR FL

400003027004--1  
-10/27/99--01097--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FRANK, MARILYN J  
4825 140TH AVE. N.  
~~UNIT C~~ SUITE F  
CLEARWATER FL ~~34625~~ 33762

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

Marilyn J. Frank  
REGISTERED AGENT MUST SIGN

Date 10/18/99

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:

Robert J. Frank  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/99 Daytime Phone # (727) 539-7544

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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