

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN 25 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000055763

**1. Corporation Name**

SOFT TOUCH INTERIORS, INC.

**2. Principal Office Address**

125 S. Swoope Ave.

**3. Mailing Office Address**

125 S. Swoope Ave.

Suite, Apt. #, etc.

Suite 207B

Suite, Apt. #, etc.

Suite 207B

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751-5784

Country

US

Zip

32751-5784

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/28/1994

**5. FEI Number**

59-3270200

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

Riffle, James B.

000004461990--6

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

125 S. Swoope Ave.

-07/06/01--01035--027

\*\*\*1658.75 \*\*\*1658.75

Suite, Apt. #, Etc.

Suite 207B

City

Maitland

State

FL

Zip Code

32751-5784

**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

James B. Riffle REGISTERED AGENT MUST SIGN

Date

6/20/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| D/P/T  | Riffle, James B.                     | 125 S. Swoope Ave., #207B                         | Maitland, FL 32751-5784 |
| D/V/S  | Henderson, Sara C.                   | 125 S. Swoope Ave., #207B                         | Maitland, FL 32751-5784 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

REINSTATEMENT 9501

18

**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:**

*James B. Riffle*

James B. Riffle, Pres. 6/21/01

(407) 629-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2081 (9/00)