

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02. Aug-1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/08/02--01002--016

****450.00 ****450.00

DOCUMENT # P94 0000 57333

1. Corporation Name

ROBIN HUNTER INTERIORS, INC.

2. Principal Office Address

6501 VIA REGINA

3. Mailing Office Address

6501 VIA REGINA

CHANGE TO:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

PALM BEACH

Zip

33433

Country

PALM BEACH

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

08-10-94

5. FEI Number

65-0509658

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

ROBIN HUNTER

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

7040 W. PALMETTO PARK RD #4

Suite, Apt. #, Etc.

PMB 230

City

BOCA RATON

State

FL

Zip Code

33433

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7-29-02

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
PRES T, S, V	ROBIN HUTTER	6501 VIA REGINA	BOCA RATON, FL 33433

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.

ROBIN HUTTER

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-02

Date

861-391-0982

Daytime Phone #

CR2E081 (9/01)