PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 22 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p94000077419

1. Corporation Name

SONJA"S INTERIOR DECORATING SERVICE, INC.

98-99ao

Principal Place of Business	Mailing Address
379 Flamingo Road, N.E. Lake Placid, FL 33862	P. O. Box 3198 Lake Placid, FL 33862

OLD ADDRESS (Former): 48 Silk Oak Street, Lake Placid, Florida 33852

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
379 Flamingo Road, N.E.	P. O. Box 3198
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, Florida	City & State: Lake Placid, Florida
Zip: 33862 Country: U.S.A.	Zip: 33862 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: October 20, 1994

5. FEI Number: 59-3279829 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D PST	Sonja M. Stuart	379 Flamingo Road, N.E.	Lake Placid, FL 33862

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Sonja M. Stuart 48 Silk Oak Street Lake Placid, FL 33852	Name: Sonja M. Stuart Street Address (P.O. Box Number is Not Acceptable): 379 Flamingo Road, N.E. Suite, Apt. #, Etc: City: Lake Placid State: FL Zip Code: 33862

CR2E040 (1/98)

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: Sonja M. Stuart. Date: April 19, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Sonja M. Stuart April 19, 1999 (941) 465-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sonja M. Stuart, President