

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

97 JAN -2 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053268

1. Corporation Name

KEVIN ALDEN REED INTERIORS, INC.

Principal Place of Business

3160 SHIPPING AVENUE
COCONUT GROVE FL 33133

Mailing Address

3160 SHIPPING AVENUE
COCONUT GROVE FL 33133

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1995

5. FEI Number

65-0592928

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
pres.	Kevin A. Reed	3160 Shipping Ave Coconut Grove, FL	33133
secr.		same	
treasure		same	
			500002047955--1 -01/07/97--01061--022 ****375.00 ****375.00
			JB13-97

8. Name and Address of Current Registered Agent

REED, KEVIN A
3160 SHIPPING AVENUE
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name Kevin A. Reed
Street Address (P.O. Box Number is Not Acceptable)
3160 Shipping Ave
Suite, Apt. #, Etc.
Coconut Grove
City

State
FL

Zip Code
33133

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

Kevin A. Reed
REGISTERED AGENT MUST SIGN

Date 12/27/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Kevin A. Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/96 444-3044
Date Daytime Phone #

CR2E010 (7/96)