

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000057324

**1. Corporation Name**

NORDIC ARCHITECTURAL INTERIOR  
DESIGN, CORP.

**2. Principal Office Address**

308 NW 2ND ST.

Suite, Apt. #, etc.

N/A

City & State

HALENDALE FL

Zip

33009 BROWARD

Country

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

FILED  
06 JAN -5 PM 4:17  
TALLAHASSEE, FLORIDA

REINSTATEMENT

05

RECEIVED JAN 09 2006

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

7/25/1995

**5. FEI Number**

650598692

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

GUÐMUNDUR HALDORSSON

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

2701 SHERMAN STREET

Suite, Apt. #, Etc.

N/A

City

HOlland

State

FL

Zip Code

33020

**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

*Guðmundur Haldorsson*

Date

12/30/05

REGISTERED AGENT MUST SIGN

**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.	GUÐMUNDUR HALDORSSON	2701 SHERMAN STREET	HOLLAND FL 33020

500062707505  
01/05/06--01009--006 \*\*158.75

**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:**

*Guðmundur Haldorsson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/05

Daytime Phone #

89282

نوردیک  
**NORDIC ARCHITECTURAL INTERIOR DESIGN CORP.**

**308 NW 2<sup>nd</sup> Street Hallandale, FL 33009**

**Mfg. of Fine Wood Cabinetry From Old World To Contemporary**

**Marine Interiors & Custom Billiard Tables**

**CC # O-19812FC**

**954/921-0144 FAX 954/922-1426**

*NOTE: NEW ADDRESS*

**DECEMBER 30, 2005**

**TO FLORIDA DEPARTMENT OF STATE,**

**SUBJECT: NORDIC ARCHITECTURAL INTERIOR DESIGN, CORP.  
DOCUMENT NUMBER: P95000057324**

**IT APPEARS; DUE TO OUR ADDRESS CHANGE WE DID NOT  
RECEIVE THE ANNUAL REPORT NOTICE. ENCLOSED IS OUR  
CHECK #1022 IN THE AMOUNT OF \$150.00 PLUS THE \$8.75 FEE  
FOR THE CERTIFICATE OF STATUS, TOTALING \$158.75.**

**SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS  
MATTER, PLEASE FEEL FREE TO CONTACT ME AT 954/921-0144.**

**THANKING YOU IN ADVANCE.**

*Gudmundur Halldorsson*

**GUDMUNDUR HALLDORSSON**

**PRES / OWNER**

**954-921-0144 SHOP/ OFFICE**