

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL 23 AM 9:50

DOCUMENT # **P 96 000039352**

1. Corporation Name

Interior Dimensions Inc.

2. Principal Office Address

42 W. OAK ST

Suite, Apt. #, etc.

LOT D7

City & State

Osprey FL

Zip

34229

Country

USA

3. Mailing Office Address

42 W. OAK ST.

Suite, Apt. #, etc.

LOT D7

City & State

Osprey FL

Zip

34229

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/96

5. FEI Number

65-0671048

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$975 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Craig MacLeod

800004499538-1

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

42 W. OAK ST.

07/26/01-01018-003

*****1050.00 ***1050.00**

Suite, Apt. #, Etc.

LOT D7

City

Osprey

State

FL

Zip Code

34229

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

Craig MacLeod

REGISTERED AGENT MUST SIGN

Date **7/17/01**

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	Craig MacLeod	42 W. OAK ST. LOT D7	Osprey FL 34229

8/7/25

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:

Craig MacLeod

Craig MacLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/01

Date

(941) 356-8480

Daytime Phone #