

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046433

1. Corporation Name

Vicky Andrews Interiors, Inc.

2. Principal Office Address - No P.O. Box #

4996 ROYAL PALM DR.
Suite, Apt. #, etc.

City & State

Estero

Zip

33928

Country

USA

3. Mailing Office Address

4996 ROYAL PALM DR.
Suite, Apt. #, etc.

City & State

FL

Zip

33928

Country

USA

FILED

2008 APR -7 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000122546110

04/08/08--01015--006 **450.00

REINSTATEMENT 06708

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/1996

5. FEI Number

650684454

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 Vicky G. Andrews

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

4996 ROYAL PALM DR.
Suite, Apt. #, Etc.

City Estero

State
FL

Zip Code

33928

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

Vicky G. Andrews

REGISTERED AGENT MUST SIGN

Date 4/3/08

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

D

Vicky G. Andrews

4996 ROYAL PALM DR.

Estero FL

33928

ST

Amber NORTH

20071 Barketta Ln # 2716
ESTERO, FL 33928

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 contained in Chapter 119, 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:

Vicky G. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

Date

239-770-0012

Daytime Phone #

B. Mitchell APR 7 2008