

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUN 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103894

1. Corporation Name

Doris Clements Interiors, Inc.

2. Principal Office Address

9 SE Osceola Street

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip
34996

Country
USA

3. Mailing Office Address

9 SE Osceola Street

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip
34996

Country
USA

REINSTATEMENT

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/96

5. FEI Number

650718719

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

Doris Clements

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

2476 SW Danbury Lane

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

Doris Clements

REGISTERED AGENT MUST SIGN

Date

6/5/06

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	Doris Clements	2476 SW Danbury Lane	Palm City, FL 34990

600077085326
07/06/06 01061 011 **1358.75

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 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:

Doris Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DORIS CLEMENTS

Date

6/5/06

Daytime Phone #

6130