

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUN 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103894

1. Corporation Name

Doris Clements Interiors, Inc.

2. Principal Office Address
9 SE Osceola Street

Suite, Apt. #, etc.

3. Mailing Office Address
9 SE Osceola Street

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

Zip 34996

Country USA

Zip 34996

Country USA

REINSTATEMENT

62-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/96

5. EIN 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

Date

6/5/06

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
D	Doris Clements	2476 SW Danbury Lane	Palm City, FL 34990

600077095325
07/06/06-01061-011 **1250.75

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 #

6136