


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000103894</u>			
1. Corporation Name <u>Doris Clements Interiors</u>			
2. Principal Office Address - No P.O. Box # <u>28 E. Ocean Blvd</u>		3. Mailing Office Address <u>28 E. Ocean Blvd</u>	
Suite, Apt. #, etc. <u>Stuart</u>		Suite, Apt. #, etc. <u>Stuart</u>	
City & State <u>FL</u>		City & State <u>FL</u>	
Zip <u>34994</u>	Country <u>USA</u>	Zip <u>34994</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>1/1997</u>			
5. FEI Number <u>65-0718719</u>			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>Doris Clements</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>28 E. Ocean Blvd</u>			
Suite, Apt. #, Etc.			
City <u>Stuart,</u>		State <u>FL</u>	Zip Code <u>34994</u>
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 <u>Doris Clements</u>		Date <u>9/11/10</u>	
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
<u>Pres.</u>	<u>Doris Clements</u>	<u>28 E. Ocean Blvd</u>	<u>Stuart, FL 34994</u>
			<u>7/9/22/10</u>
REINSTATEMENT 07-10			
10. E-mail Address: <u>INTDESIGN15 @ AOL.COM</u> (To be used for future annual report notification)			
11. 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, I further certify, 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: <u>Doris Clements</u>		Date: <u>9/11/10</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>772-288-6699</u>	