


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS  
W 05 000042655

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 22 AM 7:23

DOCUMENT # P97000085434

1. Corporation Name  
SANDRA KOHLMEYER INTERIORS, INC.  
12273 HIGHWAY 98 WEST  
HOLIDAY PLAZA, SUITE 112  
DESTIN, FL 32550

2. Principal Office Address

ABOVE

Suite, Apt. #, etc.

ABOVE

City & State

ABOVE

Zip

32550

Country

USA

3. Mailing Office Address

ABOVE

Suite, Apt. #, etc.

ABOVE

City & State

ABOVE

Zip

32550

Country

USA

**REINSTATEMENT** 00-05

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/97

5. FEI Number

59-3473807

☐ 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

SANDRA KOHLMEYER

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

12273 HWY 98 W.

Suite, Apt. #, Etc.

HOLIDAY PLAZA SUITE 112

City

DESTIN

State

FL

Zip Code

32550

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

*Sandra W. Kohlmeier*  
REGISTERED AGENT MUST SIGN

Date

9-8-05

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	Sandra Kohlmeier	12273 HWY 98 WEST HOLIDAY PLAZA #112	DESTIN, FL 32550

600059534706

09/12/05--01054--003 \*\*900.00

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)(l), 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:

*Sandra W. Kohlmeier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-8-05 850-650-2448  
Daytime Phone #

September 21, 2005

RE: Document #W05000042695  
Sandra Kohlmeyer Interiors, Inc.

To Whom It May Concern:-----

I am certifying that prior notices were not received and that the \$600.00 reinstatement fee be waived for years 2000 through 2005.

Sincerely,

A handwritten signature in cursive script, reading "Sandra W. Kohlmeyer". The signature is written in black ink and is positioned above the printed name.

Sandra Kohlmeyer