

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 10 PM 12:19

DOCUMENT # pg 800000 6971

**1. Corporation Name**

SUSAN WELLS DESIGNS INC.

**2. Principal Office Address**

1489 W. Palmetto Pk Rd

**3. Mailing Office Address**

Suite, Apt. #, etc.

SUITE 428

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33486

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/22/1998

**5. FEI Number**

65-0807523

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

SUSAN WELZIEU

600004649676-0

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

1489 W. Palmetto Pk. Rd.

-10/23/01-01034-119  
\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

SUITE 428

City

BOCA RATON

State  
FL

Zip Code

33486

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/08/01

**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
Pres.	SUSAN WELZIEU	1489 W. Palmetto Pk Rd #428	BOCA RATON FL 33486
V.P.			
Sec.	SUSAN WELZIEU	S A A	
Treas.	"	"	AD

**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)(i), 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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/01

Daytime Phone #

818-552-2696

CR2E081 (9/00)

-2-

**SUSAN WELLS DESIGNS INC.**

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*1489 Palmetto Park  
Suite 428  
Boca Raton, FL 33486*

Dear Sir,

The forms for my corporation were delivered to an old address and I never received them.

Please accept my payment for my corporate renewal per-Stacy of \$150.00.  
Thank you.

P.S. I am resubmitting my application for fictitious name.

Sincerely,



**President**

Susan Wells Design Inc.