

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 PM 12:42

DOCUMENT #

P98000009002

1. Corporation Name

SOUTHERN DECORATE, Inc.

2. Principal Office Address

489 LINKSIDE

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip

32541

County

WALTON

3. Mailing Office Address

445 GULF SHORE DR

Suite, Apt. #, etc.

#104

City & State

DESTIN, FL

Zip

32541

Country

OKALOOSA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1-27-98

5. FEI Number

59-3496836

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

CHARLES LAWSHAW

100003291001-9

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

445 GULF SHORE DR.

Suite, Apt. #, Etc.

#104

City

DESTIN

State

FL

Zip Code

32541

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

Charles Lawshaw

REGISTERED AGENT MUST SIGN

Date 3-13-00

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	J. MARTIN	489 LINKSIDE	DESTIN, FL 32541
V.P.	C. LAWSHAW	445 GULF SHORE #104	✓ ✓ ✓
TREAS.	C. LAWSHAW	✓ ✓ ✓ ✓	✓ ✓ ✓

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:

Charles Lawshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

Daytime Phone #

CR2E081 (9/99)