PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR 29 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000041858

1. Corporation Name

MARKS and DUWAT INTERIEURS, INC.

2. Principal Office Address	**3.** Mailing Office Address
344 WORTH Avenue	344 WORTH AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PALM BEACH, FL	P.BEACH. FL
Zip 33480 Country USA	Zip 33480 Country USA

6/3/00 90001 010-15000

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0831263 ☐ 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: PASCALE DUWAT

Street Address (P.O. Box Number is Not Acceptable): 344 WORTH Avenue

Suite, Apt. #, Etc.:

City: PALM BEACH State: FL Zip Code: 33480

REINSTATEMENT 2000
000003958908--2
-04/04/01--01061--025
****750.00-****750.00

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 _____ Date MARCH 26 01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P	DAVID S MARKS	344 WORTH AV	PALM BEACH. FL
VP	PASCALE DUWAT	344 WORTH AV	PALM BEACH. FL.

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: _____ PASCALE DUWAT. 03.26.01.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 561.655.16.33