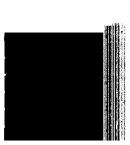
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

REIN	FOR ISTATE	MENT	DIV	Secreta	ne Harris ry of State CORPORATIONS				
DOCUMENT # P98000071801 1. Corporation Name						01 NOV -8 PM 5: 16			
HARBOR VIEW INTERIORS, INC.						SE(CRETARY OF STA LAHASSEE, FLO	ATE	
-	lace of Busine		Mailing Addre		- ***	1			1820 8010 801 1801
PORT ST. LUCIE FL 34983 PORT ST. LU								.	
				ng Office Address, If Applicable		Date Incorp To Do Busin	orated or Qualified ness in Florida	08/14/1	998
Suite, Apt.			Suite, Apt. #, etc. City & State		94 1	5. FEI Number 65-0872539			Applied For Not Applicable
Zip Country			Zip		Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names a	and Street Ad	dresses of Each Officer and Name of Officers	or Director (Flor	rida nonprofi	t corporations must list at le		1		
Title(s)	Fitle(s) 2 and/or Directors			3	Officer and/or Directo		City	y / State / Zip	1
P MCGRATH, TER!				134 N.W.	PEACH STREET	PORT ST. LUCIE FL 34983 5000047063262 -12/05/0101062019 ****750.00 ****750.00			
				REINSTATEMENT Of					·
Name and Address of Current Registered Agent						9. Name and A	ddress of New Register	red Agent	
MCGRATH, TERI ANNE							<u>.</u>		
134 N.W. PEACH STREET						P.O. Box Number is Not Acceptable)			
PORT ST. LUCIE FL 34983				Suite, Apt. #, Etc.					
					City			State Zip C	ode
10. I, being	appointed the	e registered agent of the abo	ve named corpo	ration, am fa	miliar with and accept the o	bligations of Section	on 607.0505, F.S.		
Signature of Registered A		20545PYA	GISTERED AGE		QUIRED		Date //-lo-	01	



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 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.

11-06-01

Daytime Phone #