

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107664

1. Corporation Name

HOME INTERIORS, S.E., INC.

2. Principal Office Address

5627 North Davis Highway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32503

Country

Escambia

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/28/98

5. FEI Number

☒ 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

Fletcher Fleming

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

226 South Palafox Street

Suite, Apt. #, Etc.

9th Floor

City

Pensacola

State

FL

Zip Code

32502

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

Fletcher Fleming
REGISTERED AGENT MUST SIGN

Date

1/7/05

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
S/T/D	Julia Ellis	5618 Walton Street	Pensacola, FL 32503
P/D	Mack W. Daw	5028 Skylark Court	Pensacola, FL 32505

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:

Mack Daw

Mack Daw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-05

Date

850-4725673

Daytime Phone #

CR2E081 (01/04)