

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000013112

1. Corporation Name

PALM BEACH INTERIORS, INC.

Principal Place of Business

Mailing Address

150 N US HIGHWAY #1  
SUITE 15  
TEQUESTA FL 33469

150 N US HIGHWAY #1  
SUITE 15  
TEQUESTA FL 33469

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/1999

5. FEI Number

65-0845360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILKINS, MARK O	132 BRIER CIRCLE	JUPITER FL 33458
D	BOUTSIKAKIS, GEORGE	132 BRIER CIRCLE	JUPITER FL 33458
	RITA KIRKPATRICK	480 NEPTUNE RD	JUNO BEACH, FL 33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

-WILKINS, MARK O  
150 N US HIGHWAY #1  
SUITE 15  
TEQUESTA FL 33460

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/20/01

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.

SIGNATURE:

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

Date

Daytime Phone #

CR2540 (8/01)



150 N. U.S. Hwy 1, Suite 15, Tequesta Florida 33469  
Phone: (561) 744-1400 Fax: (561) 744-0690  
Toll Free: 888-593-1496

October 20, 2001

Florida Department of State  
Katherine Harris, Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

To whom it May Concern;

This letter is in regard to the Notice of Administrative Dissolution or Revocation we received. According to the Notice an annual report was not filed. At that time, we had not yet hired a secretary and we handled every piece of mail personally, with all necessary forms being sent to our accountant for his assistance. We have no record of receiving this information and we called our accountant to check with him. He has no record of it either. His name is Ignazio Piedilato, phone 718-447-7200. Please call him if you have any questions. Because of this we called your office and were told to send this letter and a check for \$150.00. Please consider this matter.

Also, on the form we received you had George Boutsikakis listed as an officer. His name was supposed to be removed 2 years ago and Rita Kirkpatrick, 480 Neptune Rd., Juno Beach, FL 33408 added. Please make this change if you have not done so already.

Thank you in advance for working with us on this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Rita Kirkpatrick", is written over a horizontal line.

Mark O. Wilkins  
Rita Kirkpatrick

Enc.