

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 AM 10:17

DOCUMENT # P99000013845

1. Corporation Name

MAGNOLIA DESIGNS OF NORTHWEST FL, INC.

Principal Place of Business

Mailing Address

~~RT 1, LOT 2 P~~
BONIFAY FL 32425

~~RT 1, LOT 2 P~~
BONIFAY FL 32425



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~2336 Pineview Dr~~
Bonifay FL

~~P.O. Box 819~~
Bonifay FL

Zip

Country

Zip

Country

30425 USA

30425 USA

5. FEI Number

Applied For

59-3554361

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TAYLOR, NANETTE D	RT 1, LOT 2 P	BONIFAY FL 32425

05/18/00 9039 029 15000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, NANETTE D
~~RT 1, LOT 2 P~~
BONIFAY FL 32425

Name
Street Address (P.O. Box Number is Not Acceptable)
2336 Pineview Dr
Suite, Apt. #, Etc.
City
Bonifay
State
FL
Zip Code
30425

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 REQUIRED~~
REGISTERED AGENT MUST SIGN

Date

10/17/00

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.

AD

SIGNATURE:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nanette D. Taylor

10/17/00

Date

850 5479396

Daytime Phone #

CR2E040 (800)

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Florida Dept of State

Magnolia Designs of NWFL Inc

RE

Reinstatement for corporation

I have received the form for reinstatement and am disputing this. On April 29 of 2000 I sent in my annual report with the appropriate fee. As per our telephone conversation on Oct 17 2000 I did not receive any form stating that I had left Block 4 blank with my FEI number. Enclosed you will find a copy of my Quarterly IRS form 940 if there are any questions.

Sincerely

Vanette D Taylor
President