

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 John 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	
Suite, Apt. #, etc. 2336 PINEVIEW DR		Suite, Apt. #, etc. P.O. Box 819		02/10/1999	
City & State Bonifay FL		City & State Bonifay FL		5. FEI Number 59-3554361	
Zip 32425		Zip 32425		Applied For Not Applicable	
Country USA		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 903A 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 32425	

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 Date 10/17/00
 REGISTERED AGENT MUST SIGN

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 REQUIRED Date 10/17/00 Daytime Phone # 850 5479396
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Nanette D. Taylor

CR2E040 (8/00)

-2-

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

Wanette D Taylor
President