

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR REINSTATEMENT  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC -7 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023466

1. Corporation Name

CORNERSTONE INTERIORS, INC.

Principal Place of Business

Mailing Address

1827 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109

1827 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109



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

03/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0945698

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MUSUMANO, PATSY	1827 TRADE CENTER WAY	NAPLES FL 34109
D	MUSUMANO, DONNA	1827 TRADE CENTER WAY	NAPLES FL 34109

9000003514653-7  
-12/27/00--01073--006  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSUMANO, PATSY  
1827 TRADE CENTER WAY  
SUITE 3  
NAPLES FL 34109

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*

Date 11/3/00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

Date

941-594-7985

Daytime Phone #

CR2040 (8/00)

CERTIFIED PUBLIC ACCOUNTANT

The Jones Building  
Suite #301  
3435 10th Street North  
Naples, Florida 34103  
(941) 434-5529  
FAX (941) 649-7108

November 3, 2000

Florida Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Cornerstone Interiors, Inc.  
Document # P99000023466  
Annual Report Fee

Dear Sir/Madam:

I am writing on behalf of my above named client regarding the dissolution of the corporation for not filing the annual report and paying of the appropriate fees on a timely basis. My client never received the original annual report which was due on May 1, 2000. They also did not receive a second notice warning that the annual report was not filed, and the Corporation would be administratively dissolved if the report was not filed by September 13, 2000. They were totally unaware that the report needed to be filed.

Enclosed, please find the application for reinstatement and a check number 1082 in the amount of \$750.

Please consider the above as reasonable cause to reimburse all, or part, of the \$600. reinstatement fee to my client.

Thank you for your consideration.

Sincerely,

  
Richard A. Gorga, CPA

CC: Cornerstone Interiors, Inc.