

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027151

1. Corporation Name

BLUE MOON INTERIORS, INC

Principal Place of Business

2201 DONATO DR
BELLEAIR BEACH FL 33786

Mailing Address

2201 DONATO DR
BELLEAIR BEACH FL 33786

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

03/19/1999

5. FEI Number

59-3565398

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SPRAGUE, ROBERT L	2201 DONATO DR	BELLEAIR BEACH FL 33786
V	SPRAGUE, ROBERT L	2201 DONATO DR	BELLEAIR BEACH FL 33786

~~DOS-4588453-1003068736~~

~~DEPOSIT ONLY 158.75~~

~~10/26/02-01090-020~~

100008627131
10/26/02-01090-021 *\$158.75

8. Name and Address of Current Registered Agent

SPRAGUE, ROBERT L
2201 DONATO DRIVE
BELLEAIR BEACH FL 33786

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert L. Sprague
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Robert L. Sprague
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02
Date

727-595-0195
Daytime Phone #

CR2E040 (8/02)

Blue Moon Interiors, Inc.

2201 Donato Drive
Belleair Beach, Florida 33786

October 23, 2002

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

Dear Sir or Madam:

This letter is to inform you that I, Robert L. Sprague, never received the UBR notices for this Corporation. I was widowed this year and probably am not completely focused. My only possible explanation would be that several times this year when I was out of town, I had neighbors gather my mail for me and somehow some mail was not passed on to me. I am filing for reinstatement without penalty and hope this meets with your approval.

Sincerely,



Robert L. Sprague
President