


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 11:26

DOCUMENT # **P99000044006**

1. Corporation Name

SANDRA CARROLL, INTERIOR DESIGNER, INC.

Principal Place of Business

Mailing Address

~~405 W. FIRST STREET~~
~~GALLAHAN FL 32011~~

~~405 W. FIRST STREET~~
~~GALLAHAN FL 32011~~



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

05/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1866 Oak Trail

1866 Oak Trail

Callahan, FL

Callahan, FL

Zip

Country

Zip

Country

32011

USA

32011

USA

5. FEI Number

59-3588147

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARROLL, SANDRA	1866 OAK TRAIL	CALLAHAN FL 32011

000004679610--8

-11/14/01--01095--013

******158.75 ****150.00**

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

CARROLL, SANDRA K
405 W. FIRST STREET
CALLAHAN FL 32011

1866 Oak Trail

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

[Handwritten signature: Sandra K. Carroll]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/23/01**

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:

[Handwritten signature: Sandra K. Carroll]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01 904-879-1877

Oct. 21, 2001

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

Gentlemen:

I received last week a notice that I failed to file a 2001 corporation annual report/uniform business report. I have never received any notice due to the incorrect mailing address of 105 W. First Street in Callahan, FL. The correct mailing address is 1866 Oak Trail, Callahan, FL 32011.

At this time I am sending the reinstatement fees due to mail error of \$150.00 plus the \$8.75 certificate of status fee. I hope to resolve this as soon as possible. Please let me know of how I must obtain a uniform business report form or fax me at (904) 879-1877.

I thank you for all your help in this matter.

Sincerely,

A handwritten signature in black ink, reading "Sandra K. Carroll". The signature is fluid and cursive, with the first name "Sandra" being more prominent and the last name "Carroll" following in a similar style.

Sandra K. Carroll