PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

SANDRA CARROLL, INTERIOR DESIGNER, INC. Principal Place of Business Multing Address Mult	REINS	TURRE	. Sec	therine Hari cretary of Sta on OF CORPORA	ate 🆫		SECRETA SI/ISION OF	TILED RY OF SIA CORPODA	NE Tion
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If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, if Applicable Solito, Address, if Applicable So	SANDRA CARROLL, INTERIOR DESIGNER, INC.								
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Sulfe, Apt. #, etc. City & State Control FL	If above addresses are incorrect in any way, line through incorrect information and enter correction below.								
Single State County State Count	•	73					:_ Cl:d		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lited taleast 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lited taleast 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Street Addresses of Each Officer and/or Directors 8. Name and Address of College and/or Directors 9. Name and Address of Callahan FL 32011 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CARROLL, SANDRA K 466 W. FIRET OFFICE CALLAHAN FL 32011 9. Name and Address of New Registered Agent Name CARROLL, SANDRA K 1866 OAK TRAIL 9. Name and Address of New Registered Agent Name Sireat Address (P.O. Box Number is Not Acceptable) Sireat Address (P.O. Box Number is Not Acceptable) 18. Sireat Address (P.O. Box Number is Not Acceptable) Registered Agent FL 10. Lebing appointed the registered agent of the above named corporation, am tamiliar with and accept the obligations of Section 607.0505, F.S. Signuture of Agent FL 10. Lectify that I am an officer or director or the receiver or trustee empowered to execute this application is 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)(6, 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 cach. SIGNATURE:	1866 Dak I rai 18						FO.0509147		
Title (a) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Directors 4 City / State / Zip P CARROLL, SANDRA 1866 OAK TRAIL CALLAHAN FL 32011 DIFFIGURE 10 - 28 - 11 / 14 / 01 - 010 95 - 013	Zip 3 27	DII Country USA	<u> Cana</u> 3201	Codntry	ISA		OF STATUS DESIRED	\$8.75 Add for a Ce	itional Fee required rtificate of Status
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zp P CARROLL, SANDRA 1866 OAK TRAIL CALLAHAN FL 32011 CALLAHAN FL 32011	7. Names and		Director (Florida n			st 3 directors)			
8. Name and Address of Current Registered Agent CARROLL, SANDRA K 4.65 W-FIRST GTREET CALLAHAN FL 32011 City Signature of Registered Agent Wust Ston 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 FEGISTERED AGENT MUST Ston 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119,07(3)(0, 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: Sandra Name Agent Ag	Title(s) 2	and/or Directors							
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

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 met 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, Sandy J. Carrell

Sandra K. Carroll