

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

081902

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050852
1. Corporation Name
SHOWCASE INTERIORSCAPES, INC.

Principal Place of Business Mailing Address
3049 GLEN OAK AVENUE CLEARWATER FL 33759
3049 GLEN OAK AVENUE CLEARWATER FL 33759



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country
3. New Mailing Office Address, If Applicable
P.O. Box 8521
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip Country
33758 U.S.

4. Date Incorporated or Qualified To Do Business in Florida 06/01/1999
5. FEI Number 59-3577922 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
D	BUTCHER, S. DARLAND	3049 GLEN OAK AVENUE	CLEARWATER FL 33759
D	JOHNSON, LUTRELL	1118 CASLER AVENUE	CLEARWATER FL 33755

700003469507--5
11/20/00 01011 015
****150.00 ****150.00
SP

8. Name and Address of Current Registered Agent
LOVELACE, WILLIAM K ESQUIRE
2310 WEST BAY DRIVE
LARGO FL

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
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 _____ Date _____
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: S. Darland Butcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00 Date 727-581-9690 Daytime Phone #

CR2E040 (8/00)

pg 2 of 2

Showcase Interiorscapes, Inc.
P.O. Box 8521
Clearwater, FL 33758

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 18, 2000

To whom it may concern,

We incorporated our business 6/1/99. We have spent the last year trying to figure out all the proper procedures to follow when you are a corporation. Unfortunately, to make matters worse, we also spend part of the year in North Carolina and our mail is supposed to be forwarded while we are away. We believe this may be where the problem lies because this is the first notice we have received from your office. We were unaware that this fee needs to be filed every year by May 1st. We have enclosed our check for \$150 to renew our corporation. We are also asking for an abatement of penalties since this was our first year of incorporation and we were unaware of the proper procedures to follow. We now understand the proper procedure & will be sure to timely file in the future. Please accept our apologies & thank you for your assistance & understanding.

Sincerely,

S. Darland Butcher, Pres.