PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -3 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000069183

1. Corporation Name

DAVID MOORE INTERIOR ACCENTS, INC.

Principal Place of Business	Mailing Address
~~4079 GREYSTONE DR~~ ~~CLERMONT FL 34711~~	~~4079 GREYSTONE DR~~ ~~CLERMONT FL 34711~~

REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable
911 N. ORANGE AVE
Suite, Apt. #, etc.
#551
City/State
ORLANDO FL
Zip 32801 County USA

3. New Mailing Office Address, If Applicable
911 N. ORANGE AVE
Suite, Apt. #, etc.
#551
City/State
ORLANDO FL
Zip 32801 County USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/1999

5. FEI Number: 65-0880506 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FRASER, ALEXANDER D	~~4079 GREYSTONE DR~~ 911 N. ORANGE AVE #551	~~CLERMONT FL 34711~~ ORLANDO, FL 32801

000027628568
03/05/04--01011--007 **150.00

000027628568

8. Name and Address of Current Registered Agent

WHITE, CHARLES R. I ESQ.
725 NORTH A1A, SUITE E-102
JUPITER FL 33477

9. Name and Address of New Registered Agent

Name: ALEXANDER FRASER
Street Address (P.O. Box Number is Not Acceptable): 911 N ORANGE AVE
Suite, Apt. #, Etc.: #551
City: ORLANDO State: FL Zip Code: 32801

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 _____ 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 entity duties 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 407-425-4757
Daytime Phone #

0093776 AV