

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 1:32

DOCUMENT # P99000078202

1. Corporation Name

INSTYLE REMODELING INC.

700005044517--3

-03/06/02--01005--007

***1050.00 ***1050.00

2. Principal Office Address

2405-07 NW 135TH ST

Suite, Apt. #, etc.

STE # 115

City & State

MIAMI FL

Zip

33167

Country

U.S.A.

3. Mailing Office Address

2405-07 NW 135TH ST

Suite, Apt. #, etc.

STE # 115

City & State

MIAMI FL

Zip

33167

Country

U.S.A.

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-01

5. FEI Number

65-0946353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DERRICK E. CAMERON

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

2405-07 NW 135TH ST

Suite, Apt. #, Etc.

STE # 115

City

MIAMI

State

FL

Zip Code

33167

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Derrick Cameron

REGISTERED AGENT MUST SIGN

Date

2-22-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	DERRICK CAMERON	2405-07 NW 135TH ST STE 115	MIAMI FL. 33167

10. 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:

Derrick Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-02

Date

305-685-5590

Daytime Phone #

CR2E081 (9/00)