

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATION 00 OCT 24 AM 9:43	
DOCUMENT # P99000106513					
1. Corporation Name KITCHEN DECOR, INC.					
Principal Place of Business 4955 LIVE OAK DRIVE SARASOTA FL 34232		Mailing Address 4955 LIVE OAK DRIVE SARASOTA FL 34232		05-10-00 90004 031 \$150.00	
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 12/06/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0971231	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		
1	2	3	4		
Pres.	Gary Harrell	4955 LIVE OAK DR	SARASOTA FLA		
Vice Pres	Bryan Signor				
8. Name and Address of Current Registered Agent LEWIS, KURT F 6624 GATEWAY AVENUE SARASOTA FL 34231			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
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 <u>Gary Harrell</u> Date <u>10-20-00</u> 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: <u>Gary Harrell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-941 10-20-00 504-0194 Date Daytime Phone #		

CR2E040 (6/00)

(2)

KITCHEN DECOR, INC.

SALES & INSTALLATION OF DISTINCTIVE EUROPEAN CABINETS

955 LIVE OAK DRIVE • SARASOTA, FL 34232

MOBILE (941) 504-0194
HOME/FAX (941) 379-6113

I mailed you this form in
April and you cashed my check.
I was never aware you needed
anything else.

Please let me know if you need
anything else.

Gary Harrell

1-941-504-0194