PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 18 AM 11:48

DOCUMENT # P99000110818

1. Corporation Name
CORNICES ETC., INC

2. Principal Office Address	3. Mailing Office Address
1941 PARK MEADOWS	1941 PARK MEADOW DR # 6
Suite, Apt. #, etc. SUITE 6	Suite, Apt. #, etc. SUITE 6
City & State FT. MYERS FL	City & State FT. MYERS FL
Zip 33907 County LEE	Zip 33907 County LEE

4. Date Incorporated or Qualified To Do Business in Florida 1/1/2000

5. FEI Number 65-0989942 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CHUCK L HENDERSON

Street Address (P.O. Box Number is Not Acceptable): 1941 PARK MEADOWS DR

Suite, Apt. #, Etc.: SUITE 6

City: FT. MYERS FLA State: FL Zip Code: 33907

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****450.00 ****450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Chuck L Henderson Date: 1/16/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	CHUCK HENDERSON	1941 PARK MEADOWS DR # 6	FT MYERS FL 33907

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: Chuck L Henderson 1/16/02 941-277-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

January 16, 2002

To whom it may concern,

Please wave the $600 penalty. I have moved to: 1941 Park Meadow Drive, Suite 6, Ft. Myers, FL 33907. I did not receive the proper forms necessary to continue my incorporation. My FEI# is 65-0989942.

Thank you,

Chuck Henderson

Chuck Henderson

1941 Park Meadows Drive, Suite 6 • Ft. Myers, FL 33907
941.277.1815 eFax 707.356.4676