

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
J. B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -7 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S03990

1. Corporation Name

SCULPTURED WOOD DESIGNS, INC.

Principal Place of Business

5594 N OCEAN BLVD
OCEAN RIDGE FL 33435
US

Mailing Address

5594 N OCEAN BLVD
OCEAN RIDGE FL 33435
US

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

10/02/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0219727

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALMBORG, ROSALIE	5594 N OCEAN BLVD	OCEAN RIDGE FL
D	HOROWITZ, THEODORE	5594 N OCEAN BLVD	OCEAN RIDGE FL

800002344958--2
11/12/97-01088-020
****165.00 ****165.00

8. Name and Address of Current Registered Agent

ALMBORG, ROSALIE
761 SW 3RD ST.
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name ALMBORG, ROSALIE
Street Address (P.O. Box Number is Not Acceptable)
5594 N OCEAN BLVD
Suite, Apt. #, Etc.

City OCEAN RIDGE State FL Zip Code 33435

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

Rosalie Almborg
REGISTERED AGENT MUST SIGN

Date 11/5/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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:

Rosalie Almborg Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/97 - 561-364-0023

CR2E040 (8/97)

2

11/5/97

Department of State
Division of Corporations
P.O. Box 6827

Tallahassee, FL 32314

Please find Enclosed the Company
Check for 165⁰⁰. I had not received
the 1st or 2nd notice of Annual
Report - Since we moved. We have
been having difficulty receiving our
mail.

Thank You For your Consideration
Sincerely
Rosalee Oelberg Pres.