

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 CORPORATIONS

01 MAY 25 AM 11:56

DOCUMENT # S22890

1. Corporation Name

JERRY CHAPMAN INTERIORS, INC.

Principal Place of Business

Mailing Address

6055 S.W. 87 AVENUE
MIAMI FL 33173
US

6055 S.W. 87 AVENUE
MIAMI FL 33173
US



REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correct address 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 01/04/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0238608	
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CHAPMAN, SUZANNE	6055 S.W. 87 AVENUE	MIAMI FL
D	JOURDAIN, MICHAEL	6055 S.W. 87 AVENUE	MIAMI FL
Delete			
	JERRY F. CHAPMAN	6055 SW 87 Ave	Miami Fla. 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EBER, ROBERT C.
10761 SW 104TH ST
MIAMI FL 33176

Name	JERRY F. CHAPMAN		
Street Address (P.O. Box Number is Not Acceptable)	6055 SW 87 Ave		
Suite, Apt. #, Etc.			
City	State	Zip Code	
Miami	FL	33173	

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 2-25-01

AD

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-01

Date

Daytime Phone #

305-
881-1208

CR2E040 (8/00)