PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **DOCUMENT #** 1. Cerporation Name JULIAN'S AUTO UPHOLSTERY, INC.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

S71594

DIVISION OF CORPORATIONS

FILED

98 JUL 31 AM 8: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address											
· · · · · · · ·			-	526 S.E. MONTEREY RD STUART FL 34994							
If above addresses are incorrect in any way, line through incorrect information and enter correction belo											
New Principal Office Address, If Applicable 3. New Mai			ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 08/05/1991					
Suite, Apt. #, etc. Suite,			Suite, Apt. #	Apt. #, etc.			5. FEI Numbe		00/00/1		
City & State			City & State	City & State				65-0269427		Applied For Not Applicable	
Zip Country		Zip	Countr		у	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requir			itional Fee required rtificate of Status		
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nun			7	mbers) City / State / Zip			
Đ	DYER, JULIAN BRYAN			1002 E MADISON AVE				STUART FL			
D	DYER, JULIANNE LANE			1002 E MADISON AVE				STUART FL		1	
D	LANE, JULIAN Ł. JR			1002 E MADISON AVE				STUART FL			
								000026 1 -08/05/9 ****930,	8- -01 01	1-009 **930.00	
	- Now	and Address of Course	1 Pagistand Age			T					
8. Name and Address of Current Registered Agent Name							9. Name and Address of New Registered Agent				
9UNDHEIM, FREDERICK J 310 SW OCEAN BLVD						Street Address (P.O. Box Number is Not Acceptable)					
STUART FL 84994					Sulte, Apt. #, Etc.						
					City			State Zip Code FL			
10. I, being appointed the registered agent of the above named appropriation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent											
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No											
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.											
SIGNAT	ΓUR E : .	July GNATURE AND TYPED OR P	HALL NAME OF	SIGNING OFFI	LIA CÉR OR I	n Dy	er_	7-27-98 Date	561 Daytime P	-28-3877 hone #	