

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JUN -5 PM 12:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V51364

1. Corporation Name
DAVID MARKS INTERIORS, INC.

Principal Place of Business
**10 Via Parigi
 Worth Avenue
 Palm Beach, FL 33480**

Mailing Address
**10 Via Parigi
 Worth Avenue
 Palm Beach, FL 33480**

REINSTATEMENT 95-98

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 July 16, 1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65#0393514 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| P/T/D | David Marks | 10 Via Parigi, Worth Avenue | Palm Beach, FL 33480 |
| V/S/D | Donna Christiansen-Marks | 10 Via Parigi, Worth Avenue | Palm Beach, FL 33480 |
| | | | 400002562004---4 -06/16/98--01121--008 ***1208.75 ***1208.75 |
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|--|--|--|--------------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| David Marks 10 Via Parigi Worth Avenue Palm Beach, FL 33480 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL |

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]* REGISTERED AGENT MUST SIGN Date: **June 4, 1998**

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: *[Signature]* Date: **June 4, 1998** Daytime Phone #: **(561)832-6232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **David Marks, President**

CR2E040 (1/98)