PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DOCUMENT #

V51364

1. Corporation Name

DAVID MARKS INTERIORS, INC.

Principal Place of Business

Mailing Address

10 VIA PARIGI. WORTH AVENUE

10-VIA PARIGI, WORTH AVENUE

FILED

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SEGRETARY OF STATE TALLAHASSEE, FEORIDA

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If above addresses are income	ect in any way, line through inco	prect information and enter	correction below	Ciriqt	ATEMENT		(A) 1
2. New Principal Office Address 201 Sunset	s, If Applicable 3. Ne	w Mailing Office Address, If	Applicable	Sa Libert Hoof	rated of Qualified ess in Florida	07/40/4000	
Suite, Apt. #, etc.		Apt. #, etc.		5. FEI Number		07/16/1992	lied For
City & State W. Palm Bea	ch = City &	State Palm By	ach EL		65-0393514	<u> </u>	Applicable
Zip Co. 4		3401 Pal	m Beach	6. CERTIFICATE	OF STATUS DESIRED	8.75 Additional for a Certificate	Fee required of Status
7. Names and Street Address	es of Each Officer and/or Direct	or (Florida nonprofit corpora	itions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		eet Address of Each ficer and/or Director		City /	State / Zip	
PTD MARKS, DAVID)	10 VIA PARIGI, 801 Suns	WORTH AVENUE	•	PALM BEACH FL 394	180 ach, 5-1	_334
VSD _CHRISTIANSEI	N-MARKS , DONNA -	10 VIA PARIGI, 201 Sun	WORTH AVENUE Sell / Co		PALM BEACH FL 384	180 , FL	5840 1
				00	00004547 -08/21/01 *****900.00	-01068=-0	
		_				LS	_
			,				
8. Name and	9. Name and Address of New Registered Agent						
-	والمجاري الأناف والمحاصوص		Name				
MARKS, DAVID _10_VIA_PARIGI, WORTI PALM_BEACH_FL 3348		Street Address (P.O. Box Number is Not Acceptable) 201 Sinset Rd Suite, Apt. #, Etc.					
			W Pals	1 Bea	Sta F		21
Signature of Registered Agent	Register		ith and accept the ol	oligations of Section	Date <u>0 714/0</u>		
11. I certify that I am an officer this reinstatement applicati	or director or the receiver or tru on, the reason for dissolution ha	stee empowered to execute is been eliminated, the corporate	this application as p	provided for in cha the requirements	pter 607 or 617, F.S. I furth of section 607,0401 or 617	ner certify that wi	nen filing 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.