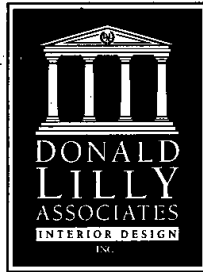


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CORPORATION</b><br><b>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                      | <b>FILED</b><br><b>SECRETARY OF STATE</b><br><b>DIVISION OF CORPORATIONS</b><br>01 OCT 29 PM 5:11                                                                                                                                              |  |
| <b>DOCUMENT #</b> L 91945                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| <b>1. Corporation Name</b><br>DONALD Lilly Associates Interior Design, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| <b>2. Principal Office Address</b><br>1070 E. Indiantown Rd<br>Suite, Apt. #, etc.<br>Suite 310<br>City & State<br>Jupiter FL<br>Zip<br>33477<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | <b>3. Mailing Office Address</b><br>1070 E. Indiantown Rd<br>Suite, Apt. #, etc.<br>Suite 310<br>City & State<br>Jupiter FL<br>Zip<br>33477<br>Country<br>USA                                     |                      | <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/11/1990<br><b>5. FEI Number</b> 65-0224854<br><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |  |
| <b>7. Name and Address of Current Registered Agent</b><br>Name: DONALD Lilly<br>Street Address (P.O. Box Number is Not Acceptable): 630 No. Ocean Blvd<br>Suite, Apt. #, Etc.:<br>City: Juno Beach<br>State: FL Zip Code: 33408                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b><br>Signature of Registered Agent: _____ Date: 10/23/01<br>REGISTERED AGENT MUST SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                                                    | City / State / Zip   |                                                                                                                                                                                                                                                |  |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DONALD W. Lilly                   | 630 No. Ocean Blvd                                                                                                                                                                                | Juno Beach, FL 33408 |                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| <b>10. 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.</b> |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |
| <b>SIGNATURE:</b> _____ <b>Donald Lilly</b> 10/23/01 561-746-5010<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                |  |

CR2001 (9/00)



October 23, 2001

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

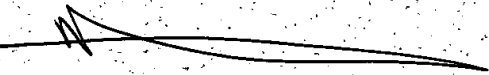
To Whom It May Concern:

Re: Document No. L91945

Enclosed you will find an application for corporation reinstatement. During the last year, we moved our offices from 900 S. US Highway One to 1070 E. Indiantown Road, Suite 310 in Jupiter, Florida. Due to the move, we did not receive the previous notices and are therefore asking that you waive the reinstatement fee of \$600.00. Accordingly, we have attached a check for the standard fee of \$150.00.

Please advise should you need additional information.

Regards,

  
Donald W. Lilly  
President

INTERNATIONAL • RESIDENTIAL • COMMERCIAL • NAUTICAL • RESORT

AMERICA PLAZA

1070 E. Indiantown Rd., Suite 310, Jupiter, FL USA 33477  
Tel. 561.746.5010 Fax 561.743.4398

SAUDI ARABIA

Sunset Beach Resort, P.O. Box 272, Al Khobar, Saudi Arabia  
Tel. 966.3.890.0258 Fax 966.3.864.8996

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