


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M84678 1. Entity Name J. V. INTERIORS, CORP.	
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FILED
07 DEC 24 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7581 NW 7 ST MIAMI, FL 33126	Mailing Address 7581 NW 7 ST MIAMI, FL 33126
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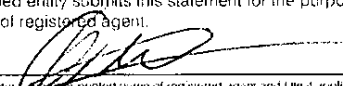
2. Principal Place of Business - No P.O. Box # 100 W - PUGENVILLE PARKWAY Suite, Apt. #, etc. #110	3. Mailing Address 1915 SW 74ct. Suite, Apt. #, etc. —
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REINSTATEMENT REE098 (1/07) **07**

City & State Pflugerville TX	City & State MIAMI FL	4. FEI Number 65-0094047	Applied For Not Applicable
Zip 78660	Country USA	Zip 33155	Country USA

6. Name and Address of Current Registered Agent DEL VALLE, JESUS 7860 SW 16TH STREET MIAMI, FL 33155	7. Name and Address of New Registered Agent Name FRANCISCO Del Valle Street Address (P.O. Box Number is Not Acceptable) 1915 SW 74ct. MIAMI FL 33155 City MIAMI State FL Zip Code
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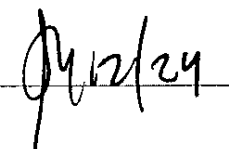
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **12/18/07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	800113349118	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, JESUS		NAME	12/21/07--01028--005 **158.75	
STREET ADDRESS	7860 SW 16TH ST.		STREET ADDRESS		
CITY ST ZIP	MIAMI, FL		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority to be empowered.

SIGNATURE:  DATE: **12-18-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #