FROM :LAZARUS FAX NO. :3052201440 Dec. 08 2005 03:55PM P1

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC 12 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028774

1. Entity Name
YURI HOME IMPROVEMENT & INTERIOR DESIGNER, INC.

Principal Place of Business	Mailing Address
16300 NE 19TH AVE, #235 NORTH MIAMI BEACH, FL 33162 US	16300 NE 19TH AVE, #235 NORTH MIAMI BEACH, FL 33162 US

REINSTATEMENT CR2E098 (8/04)

2. Principal Place of Business	3. Mailing Address
870 N.E 152 ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH	City & State
Zip: 33162 Country: US	Zip Country

4. FEI Number: 35-2259125 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORVIL, WILNICK V 1100 NE 125 STREET NORTH MIAMI, FL 33161	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDVS PRINCIVIL, EDONY 870 NE 152 STREET NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400068251244 12/30/05--01052--005 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRINCIVIL, EDONY 870 NE 152 STREET NORTH MIAMI BEACH, FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: [signature] 12-9-05 305-878-7865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. [illegible] DEC 12 2005