

FROM : LAZARUS

FAX NO. : 3052201440

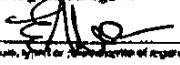
Dec. 08 2005 03:55PM P1

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028774			
1. Entity Name YURI HOME IMPROVEMENT & INTERIOR DESIGNER, INC.			
Principal Place of Business 16300 NE 19TH AVE, #235 NORTH MIAMI BEACH, FL 33162 US		Mailing Address 16300 NE 19TH AVE, #235 NORTH MIAMI BEACH, FL 33162 US	
2. Principal Place of Business 870 N.E. 152 ST		3. Mailing Address 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 FLORIAN WALICK V 1100 NE 125 STREET NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent	
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: 		DATE	
FILE NOW! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00		In accordance with s. 607.183(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-STATE-ZIP	POVS PRINCIVL, EDONY 870 NE 152 STREET NORTH MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 400082511244 12/30/05--01052--005 **\$150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T PRINCIVL, EDONY 870 NE 152 STREET NORTH MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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(2)(b), 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: 		12-9-05 305-878-7865	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date Daytime Phone #	

E-RECORDED DEC 12 2005