

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 18 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 443218

1. Corporation Name

INTERIOR WORKSHOP OF FLA., INC.

REINSTATEMENT 63-04

900040290229
08/18/04--01054--004 **308.75

2. Principal Office Address

3401 NW 71st STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3401 NW 71st STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

Zip

33147

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 01, 1974

5. FEI Number

59-1509845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERNEST GRAFTON

Street Address (P.O. Box Number is Not Acceptable)

3401 NW 71st STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147.

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.

Signature of
Registered Agent

[Signature]

Date

7/30/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEVE GRAFTON JR.	3401 NW 71 st STREET	MIAMI, FL 33147
JD	ERNEST GRAFTON	3401 NW 71 st STREET	MIAMI, FL 33147

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/30/04 305-696-3811

Daytime Phone #

20f2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Interior Workshop of Florida

3401 N.W. 71st Street
Miami, FL 33
Phone#: 305-696-3811
Fax #: 305-696-1164

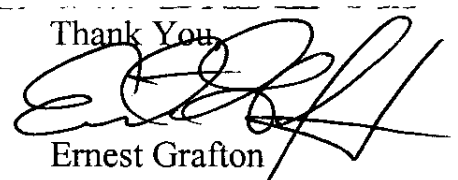
July 30, 2004

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Last year's 1st & 2nd Annual Reports for 2003 notices were not received due to change of mailing address. Please call the office with any questions on this matter.

Thank You



Ernest Grafton
Registered Agent

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