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	**3.** Mailing Office Address
3401 NW 71st STREET	3401 NW 71st STREET
Suite, Apt. #, etc.	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

CR2E061 (01/04)

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 71st STREET	MIAMI, FL 33147
JD	ERNEST GRAFTON	3401 NW 71st 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] 7/30/04 305-696-3811

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

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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