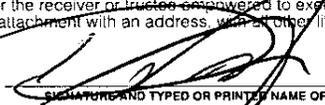


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 29 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002211					
1. Entity Name INTERIOR SYSTEMS, INC.					
Principal Place of Business 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936			Mailing Address 525 W. ROLLING MEADOWS DR. FOND DU LAC, WI 54936		
2. Principal Place of Business		3. Mailing Address PO Box 3134			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Milwaukee WI		4. FEI Number 39-1339985	
Zip		Country		Applied For Not Applicable	
Zip 53201-3134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARRY M. SCHUSTER, UNIVERSAL SEATING CO. 10421 ST. AUGUSTINE RE. JACKSONVILLE, FL 32257			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVINET, LINDSEY		100042314101		
STREET ADDRESS	525 W. ROLLING MEADOWS DR.		10/29/04--01052--019 **158.75		
CITY-ST-ZIP	FOND DU LAC, WI 54936				
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROBE, DARIN				
STREET ADDRESS	525 W. ROLLING MEADOWS DR.				
CITY-ST-ZIP	FOND DU LAC, WI 54936				
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10/11/05		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 or without like empowered.					
SIGNATURE: 			10/25/2004 414-847-0578		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		