

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 NOV 21 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/01/07 90025 011 \$150.00



DOCUMENT # F06000003597					
1. Entity Name YUSTIN INTERIORS LIMITED CORP.					
Principal Place of Business 5201 BLUE LAGOON DRIVE, 8TH FLOOR MIAMI, FL 33126			Mailing Address 5201 BLUE LAGOON DRIVE, 8TH FLOOR MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 836			Suite, Apt. #, etc. 836		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 14-1963171			Applied For <input type="checkbox"/> Not Applicable		
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		
YUSTIN, DEBORAH 5201 BLUE LAGOON DRIVE, 8TH FLOOR MIAMI, FL 33126			Name Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DRIVE SUITE 836 City MIAMI FL Zip Code 33126		
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 		DEBORAH YUSTIN		OCT 15/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	DPT YUSTIN, DEBORAH 5201 BLUE LAGOON DRIVE, 8TH FLOOR MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS YUSTIN, DAVID 5201 BLUE LAGOON DRIVE, 8TH FLOOR MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		OCT 15/07		4167916712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	