PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		O4 FEB 18 AM'8: 37 SECRETARY OF STATE TALLAHASSEE FLORIDA			
DOCU 1. Corporation	MENT # LISTO on Name IST Interior	Al Designs		Action of the second se			
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1159	Office Address 5 NW 76 Ave	1155 NG	3. Mailing Office Address 155 NW 76 Ave Suite. Apt. #. etc.		000029021460 02/18/0401034022 **300.00		
Suite, Apt. #, City & State	elc.	City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For		
Mija	mi -t/	-Miami	Miamint		5. FEI Number Applied For Not Applied Solution (05-004):256 Not Applicable		
Zip 33/:	Country Zip		Country 3312 4	6.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent							
	Street Address (P.O. Box Number is 7740 Scull Suite, Apt. #, Etc.			State FL	Zip Code 33/55	(20)	
8. 1, being appointed the registered agen on the above rained corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent							
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	Justo Parada		7740 SW 21 St		Miami Fl 33155		
VP	Haydee Pino		7740 SW 21 St		Miami Fl 33155		
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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 filling this reinstatement application, the paron 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 the 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 Daytime Phone #							
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NATURAL STONE •

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Department of State Division of Corporation

P O BOX 6327

Tallahassee Fl 32314

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FEIN NO 65-0040256

Just Interior Designs Incorporated

The reason of this letter is regarding reference above. Unfortunately we did not receive the Uniforms Business Report. We are asking you to please be so kind and avoid the penalty report to reinstall our company in the system as you can see we paid on time for many years. We assume this reason because our company changes the location from:

October 21, 2003

4760 S.W. 72 Ave Miami Fl 33155

The new address is 1155 NW 76 Ave

Miami Fl 33126

Could you please change this information, thank you and we will appreciated your help in this matter

President

Note: Enclosed find the check for the amount of \$150.00

1155 N.W.76th Ave Miami, Florida 33126-

Phone:

305.513.0848

Fax:

- 305.513.0828

E-mail:

piedras@piedrasintl.com

www.piedrasintl.com