PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

K21050

ISLAND INTERIORS (CAYMAN) INC.

FILED 00 SEP 20 AM 8:53

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Addre			SS		}		
		561 N.W. 1891 MIAMI-FL 9814					
					DEINC	TATEMENT	$(X \vdash / \nabla)$
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							$\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{$
New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable		Date Incorporated or Qualified		
		OX 10026APO		To Do Busin	ness in Florida	114/1000	
2931 SW 87TH TERRACE P.O. E Suite, Apt. #, etc. Suite, Apt. #,				5. FEI Number			
		125 DO	DRCY DRIVE		5. FEI NUMBER		Applied For
· 1 65		City & State	GRAND CAYMAN			65-0047826	Not Applicable
DRVIB) I HORIDA		Zip	Country		6. , , _ ,		5 Additional Fee required
			N ISLANDS, B.W.I.		CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor	ida nonprofit corpora	tions must list at lea	st 3 directors)		
	Name of Officers			Street Address of Each Officer and/or Director City / State / Zip			ate / Zin
Title(s)	Title(s) and/or Directors		Officer and/or Director			4	
PTD	PANTON, GURNEY A		P.O. BOX 10026, APO, N/A			GRAND CAYMAN, CAYMAN ISLANDS	
ΔD	PANTON, CECILE G	P.O. BOX 10026,	APO, N/A		GRAND CAYMAN, CAYMAN ISLANDS		
SD	DECORDOVA, DONALD	561 N.W. 193RD STREET 2931 S.W. 87TH TERRACE			MIAMI FL 03103 - DAVIE FL 33328		
		•		,			
			3		30	000034130739 -10/04/0001001022	
						****300.00	****900.00
8. Name and Address of Current Registered Age			nt	9. Name and Address of New Registered Agent			Agent
					مو میدند دخصالدان پیچ		
DECORDOVA DONALD							
DECORDOVA, DONALD -501 NW 183RD ST- 2931 S.W. 87TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)			
		CE.	Suite, Apt. #, Etc				
DAVIE FL 33328					-		
			City			State FL	
10. I, being	appointed the registered agent of the abo	ve named corp	ration, am familiar w	ith and accept the o	bligations of Sect	ion 607.0505, F.S.	
Signature o Registered	Agent /	/UXE	Carlande	JIRED		Date	lows
	RE	GIO I ERED AG	ENT MUST SIGN				
11. 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.							
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- Daytime Phone #

SIGNATURE:

SIGNATURE PAGE OF SIGNING OFFICER OF DIRECTOR

DONALD DE CORDONA SA