

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

99 MAY 28 PM 1:39

Read Instructions on Other Side Before Making Entry: Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # K99438 CODINA DECOR, Inc. 2 ALHAMBRA PLAZA PH #2 CORAL GABLES, FL. 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

REINSTATEMENT 98-99

3. Date Incorporated or Qualified To Do Business in Florida

4. FEI Number

FEI Number Applied For:

5. \$8.75 Additional fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED

59-2988886

FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and/or Director

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City and State. Rows include Armando Codina, Rafael Rodon, Henry Bessler, Robert Ferranti, and Pimmo Harken.

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

7. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL. 32301

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

CORAL GABLES FL. 33134

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/20/99

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No []

12. 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., and that all fees owed by the corporation have been paid.

Signature of Officer or Director

Date

Daytime Phone #

Typed or printed name of signing officer or director

HENRY BESSLER VP

(305) 520-2300