2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L12768 1. Entity Name FLORIDO INTERIORS, INC.					2005 OCT 11 AM 8: 51			
Principal Place of Business Mailing Address								
8295 SW 43 TERR		8295 SW 43 TERR			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MIAMI, FL 33155		MIAMI, FL 33155			IALLAI	TASSEE	FLORI	ĎΑ
				# 1941tan 98				
2. Principal P	face of Business	3. Mailing Address		 				
		o. Maining Address		1 (83)(11)(13)	e issue considerate document	11 2 5211 1 5211 2 521		 22
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10082005	REIN-P	CBSEC	98 (6/04)	
						UNZEC		
City & State		City & State		4. FEI Numbe				plied For
Zip Country		Zip Country		65-014	\$0.75 Addition			t Applicable
	Codinay	210	Country	5. Certificate	of Status Desired		66.75 Add See Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	legistered A	gent	
				Name				
FLORIDO, INOCENCIO 8295 SW 43 TERR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33155								
			City	City FL Zip Code				
8 The chose	named entity submits this statement for	or the prepage of changing its re	naintead office or rea	intered coast or bo	th in the Chain of El			and against
the obligat	ions of registered agent.	a the bulbose of changing its re	agistered office of reg.	istereo agent, or bo	ii, iii ule State Oi Fi	unua. Tam i	arriinar with,	апо ассері
SIGNATURE 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 OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	D SI ODIDO INCOSNOIO	Delete	TITLE	_			Change	Addition
NAME STREET ADDRESS	FLORIDO, INOCENCIO 8295 SW 43 TERR		NAME STREET ADDRESS	ريجي	30060 1/050105	4980	012.	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	10/11	17050105	5U18	**158	1.75
TILE	PD	☐ Delete	IIILE				☐ Change	☐ Addition
NAME	FLORIDO, MARIA C.		NAME					
STREET ADDRESS	8295 SW 43 TERR		STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP					
TITLE		Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME				_ •	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
ITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME				•	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		A. a. b. Bitter	CITY-ST-ZIP	B				
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 all other like empowered.								
Matt. by 14 ml place of second								
SIGNATURE: (//////NLOW \ \(\lambda\) \(\l								
BIOMATURE AND TARGET OF BIGNING OFFICER OR DIRECTOR DESCRIPTION OF								

10112