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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 24 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000395

1. Corporation Name

B + B INTERIORS, INC.

W04-18916

REINSTATEMENT 0201

2. Principal Office Address	3. Mailing Office Address
8061 S.W. 70 AVE - F-1	64 SIMONTON CIRCLE
Suite, Apt. #, etc. F-I	Suite, Apt. #, etc.
City & State DAVIE, FL.	City & State WESTON FL.
Zip 33317 Country USA	Zip 33326 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-097-0595 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JOHN GAUDIOSI

Street Address (P.O. Box Number is Not Acceptable) 3801 NO. FEDERAL HWY

600035731716
05/07/04--01012--011 **450.00

Suite, Apt. # or Bldg.

City POMPANO BEACH State FL Zip Code 33064

8. I hereby appointed the registered agent of the above named corporation. I am familiar with and accept the obligations of section 607.0505 for 617.0505 F.S.

Signature of Registered Agent John Gaudiosi
REGISTERED AGENT MUST SIGN

Date

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
owner	JOY A. MARKS	64 Simonton Cole	Weston, FL. 33326
officer	Ben Schwartz	11911 SW 12 Ct	Davie, FL. 33325

10. I certify that I am an officer or director of the reserve or trustee empowered to execute this corporation as provided for in Chapter 607 or 617 F.S. I further certify that upon filing this application the reason for dissolution has been eliminated the corporate name satisfies the requirements of section 607.0401 or 617.0401 F.S. 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, Fla. 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

SIGNATURE John A. Marks JOY A. MARKS 2/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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Law Offices
John Gaudiosi, P.A.
3801 North Federal Highway
Pompano Beach, Florida 33064
(954) 785-1300

April 28, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

We are requesting the reinstatement of the above-referenced corporation and the waiver of the penalty fee insofar as the principal of the corporation did not receive the Annual Report Filing Forms for the year 2002, 2003 and 2004.

We do not believe that the listed registered agent received those forms either since he became terminally ill and other members of his office were apparently forwarding mail to the appropriate parties.

Enclosed is our Trust Account Check No. 1319 and executed reinstatement form.

Thank you for your consideration.

Very truly yours,

John Gaudiosi