2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000078797

1. Entity Name
HEALTHCARE INTERIORS, INC.

FILED
08 AUG 20 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
701 SEAFARER CIRCLE, UNIT 104 JUPITER, FL 33477	P.O. BOX 607 JENSEN BEACH, FL 34957 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

REINSTATEMENT 08192008 ... (1/07) 09-08

4. FEI Number: 65-1034924 — Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRARY, DELENE
701 SEAFARER CIRCLE, UNIT 104
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Delene McCrary, Pres. 8/19/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

300134672763
08/20/08--01035--007 **900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MCCRARY, JOSEPH W SR 701 SEAFARER CIRCLE, UNIT 104 JUPITER, FL 33477 [XX] Delete — Deceased	000134672790 08/20/08--01035--008 **8.75 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MCCRARY, DELENE 701 SEAFARER CIRCLE, UNIT 104 JUPITER, FL 33477 [ ] Delete	[X] Change [ ] Addition President McCrary, Delene 701 Seafarer Cir.,Unit 104 ~~Jupiter, FL. 33477~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete 8/20	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	[ ] Change [ ] Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Delene McCrary 8/19/08 561-441-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #