

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

02 OCT 28 AM 10:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P00000103233**

1. Corporation Name

**INTERLOCKING DESIGN CENTER, INC.**

Principal Place of Business

Mailing Address

~~1051 PLOVER AVENUE~~  
~~MIAMI SPRINGS FL 33166~~

~~1051 PLOVER AVENUE~~  
~~MIAMI SPRINGS FL 33166~~



**REINSTATEMENT 2002**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
**2101 NW 68 AVE**

3. New Mailing Office Address, if Applicable  
**2101 NW 68 AVE**

4. Date Incorporated or Qualified  
 To Do Business in Florida

**11/03/2000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-1053972**

Applied For

Not Applicable

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33122**

Country

Zip  
**33122**

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
 for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIAZ, HARVEY	<del>1051 PLOVER AVENUE</del> 2101 NW 68 AVE	<del>MIAMI SPRINGS FL 33166</del> MIAMI FL 33122

300008614083  
 10/28/02 01059-017 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, HARVEY  
~~1051 PLOVER AVENUE~~  
 MIAMI SPRINGS FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

**2101 NW 68 AVE**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code

**33122**

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

**10/23/02**

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.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/23/02**

Date

**305-558-2610**

Daytime Phone #