PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAY 13 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000015167

1. Corporation Name
BARBARA RUIG INTERIORS, INC.

2. Principal Office Address		3. Mailing Office Address	
1200 S Flagler Dr.		1200 S.Flagler Dr.	
Suite, Apt. #, etc. Suite 603		Suite, Apt. #, etc. Suite 603	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country	Zip 33401	Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 2/9/01

5. FEI Number 65-1095935 ✓ Applied For / Not Applicable

6. Certificate of Status Desired [x] [redacted]

7. Name and Address of Current Registered Agent

Name BARBARA RUIG

Street Address (P.O. Box Number is Not Acceptable) 1200 S.Flagler Dr.

Suite, Apt. #, Etc.

City West Palm Beach State FL Zip Code 33401

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

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date May 13, 2003

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Barbara Ruig	1200 S Flagler Dr. Ste 603	West Palm Beach, FL 33401

10. I certify that I am an officer or director of 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 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] May 13, 2003

Signature and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

gt 5/14