2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						on F	// .		
DOCUMENT # P03000066363] ,	OF OFF	LED.		
1. Entity Name MC ARCHITECTURAL - INTERIOR DESIGN SERVICES INC.					TAL	OS DEC 23 LAILASSEE,	Pi12: 1	9	
Principal Place of Business Mailing Addre						**************************************	97/2/5		
4501 SOUTH OCEAN BLVD C4		4501 SOUTH OCEAN BLVD C4				VIRIDA			
PALM BEACH, FL 33480		PALM BEACH, FL 33480			1 (PRI PRE 11111 RE111 FRI 11 SE	III PRIIR RIIIR PIIRE	 1 	
2. Principal Place of Business		3. Mailing Address		10.271.1)5 Olo2	9 113	4 154		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		11302005	REIN-P	CR2E09	3 (6/04)	
City & State		City & State			4. FEI Numbe				plied For Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		.75 Add Required	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent						
CHAVERRA, MARYORI				Name Street Address (P.O. Box Number is Not Acceptable)					
C4	TH OCEAN BLVD.	Olical radiosa ((F.O. DOX (VOINO)	i is Not Acceptable					
PALM BEACH, FL 33480				City			FL	Zip Code	3
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									and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinatating) DATE									
	E NOW!!! FEE IS \$150.00					In accordance			
	nuary 1, 2006, Fee will be \$300.					corporation did			
TITLE	OFFICERS AND	D DIRECTORS Delete	11.	E etc	ADDITIONS/	CHANGES TO OF	FICERS AND DI	Chan	S IN 11 Naddition
NAME	CHAVERRA, MARYORI		NAM	E E	Chillips	MIE	OCTUR B.		2)
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NAME STREET ADDRESS			NAM STRI	TE Eet address					
CITY-ST-ZIP				(-\$7-ZIP				····	
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 preclute 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: 12-12-05 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Proper									
	/ SIGNATURE AND TYPED OF	S PRINTED NAME OF SIGNING OFFICER	·UKDIREC	IUN		Date	Dayti	re Paone #	- 1