


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED


NOV -5 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000068330 1. Entity Name CRISTINA LLORENTE INTERIORS, INC.	
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Principal Place of Business 10135 SW 132ND COURT MIAMI, FL 33186	Mailing Address 10135 SW 132ND COURT MIAMI, FL 33186
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 51-0472345
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country



10252004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent PORTUONDO, JOSEPH J ESQ 501 HARDEE ROAD CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name CRISTINA LLORENTE Street Address (P.O. Box Number is Not Acceptable) 10135 SW 132ND CT City MIAMI FL Zip Code 33186
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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 *Cristina Lorente* DATE **10/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME DPST STREET ADDRESS LLORENTE, CRISTINA CITY-ST-ZIP 10135 SW 132ND COURT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 900042521609 CITY-ST-ZIP 11/05/04--01040--024 **150.00
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS REINSTATEMENT CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-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 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: *Cristina Lorente* DATE **10/25/04** DAYTIME PHONE # **(305) 992-0799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #