


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 14 AM 10:38

| | | |
|---|--|---|
| DOCUMENT # P03000083212 | |  |
| 1. Entity Name SHINE INTERIORS CORP. | | |

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|---|---|
| Principal Place of Business 8409 N.W. 68 STREET MIAMI, FL 33166 | Mailing Address 8409 N.W. 68 STREET MIAMI, FL 33166 |
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|--|---|
| 2. Principal Place of Business 5900 N.W. 99 AVE Suite, Apt. #, etc. UNIT #6 | 3. Mailing Address SAME Suite, Apt. #, etc. |
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|---------------------------------|-----------------|
| City & State MIAMI - FLORIDA | City & State |
| Zip 33178 | Country DADE |



02092006 REIN-P CR2E098 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-0212557 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CACHAZO, JESUS 16220 S.W. 49 COURT MIAMI, FL 33027 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------------|------------------------------|
| FILE NOW!!! FEE IS \$900.00 | 7/6/05 90034 038 \$150.00 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEL CASTILLO, ANAMAR 16220 SW 49 CT HOLLYWOOD, FL 33027 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400066215244 02/20/06--01073--028 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CACHAZO, JESUS 16220 S.W. 49 CT MIAMI, FL 33027 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MUNOZ, JESUS 8555 SW 152 AVE #101 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: 2/9/06 305-7183868 Daytime Phone #

2/17 02

Jesus Muñoz

From: "Francisco E. Centeno" <owner@quickbooksolution.com>
To: <jesum@shineinteriors.com>
Sent: Thursday, February 09, 2006 3:51 PM
Attach: shine corp annual report 2006.pdf
Subject: Annual report 2006

Doc# P03000083212

Dear Sir:

I mailed 2005 and never received anything back, check \$ 150.00 for 2005 was cashed on 07/06/05 noted on annual report document I had until 09/07/05 without late fee but never received any request from your end. Late fees are to be waived and accept enclosed updated report and new payment for \$150.00

Any questions do not hesitate to contact me. I Remain,

Regards,
Jesus Munoz
Cel # 786-286-3371

