


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000 B0104

1. Corporation Name
JAMES R. FLORIO Interior TRIM, INC.

REINSTATEMENT

2. Principal Office Address
7 LARKSPUR LANE
Suite, Apt. #, etc.

3. Mailing Office Address
7 LARKSPUR LANE
Suite, Apt. #, etc.

City & State
DeBARY FL

City & State

Zip 32713 **Country** U.S.A.

Zip **Country**

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 10/31/2003

5. FEI Number 02-0710556

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
James R. FLORIO

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

Suite, Apt. #, Etc.

City DeBARY **State** FL **Zip Code** 32713

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **Date** 10/12/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
0	Sally Boone Florio	7 Larkspur Lane	DeBary, FL 32713

10. 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 contained in Chapter 119, 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: *Sally Boone Florio* **Date** 10/25/06 **Daytime Phone #** 407 547 7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

jc 10/02

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James R. Florio
~~INTERIOR TRIM, INC.~~
7 Larkspur Ln
DeBary FL 32713

Department of State
Division of Corporations;

Please waive my reinstatement
fee. My corporation did not receive
the annual report notice. I have
recently moved & my new address
is as listed above.

Thank You
for J's

Oct 12, 2006