PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED **CORPORATION** FLORIDA DEPARTMENT OF STATE 06 DEC 28 PM 3:58 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P04000102473 1. Corporation Name MIKE INTERIORS corp. 11563 NW 4 WAY
MIAMI, FL 33172. WD6-53424

Mailing Office Address

11 1000 11563 NW 4 WAX 11563 NW Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incurporated or Qualified To Do Business in Florida City & State City & State MIAMS MIAMS 5. FEI Number Applied For Not Applicable 33172 \$8.75 Additional Fee required for a Certificate of Status MIAMI-DADO CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Gladys VILLAnes A STATE OF Suite, Apt. #, Etc. Zip Code 33/7こ 8. I, being appointed the opve named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 12/6 /06 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Spee Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Gladys Villanes 11563 NW 4 WAY K. Eckel DEC 29 2006 10. I certify that I am an officer of 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 to 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 travel been pell and the name 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR