
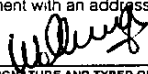


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 20 AM 9: 36

REINSTATEMENT 06

DOCUMENT # P05000164235 1. Entity Name BAIRES INTERIORS INC.					
Principal Place of Business 1349 NW 29 STREET MIAMI, FL 33142			Mailing Address 1349 NW 29 STREET MIAMI, FL 33142		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLINGER, CARLOS A 1801 NE 4 AVE #301 MIAMI, FL 33132			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP		TITLE	30008191950 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/20/06--01004--015 **150.00	
NAME	BARTET, ESTEBAN A		NAME		
STREET ADDRESS	1449 SW 4 STREET #2		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33135		CITY - ST - ZIP		
TITLE	DTS		TITLE		
NAME	WALLINGER, CARLOS A		NAME		
STREET ADDRESS	1801 NE 4 AVE #301		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			11/15/06 305-636-0774 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					