## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000094364

City-St-Zip:

CAPE CORAL, FL 33904

FILED Sep 04, 2009 Secretary of State

Entity Nar	me: INTERIOF	R ALTERNATIVES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
321 KAMAL PARKWAY CAPE CORAL, FL 33904			3614 SW 6TH AVE. CAPE CORAL, FL 339	3614 SW 6TH AVE. CAPE CORAL, FL 33914	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	L PARKWAY RAL, FL 33904	1	3614 SW 6 TH AVE. CAPE CORAL, FL 339	14	
FEI Number:	30-0369675	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SNOW, GERALD T 321 KAMAL PARKWAY CAPE CORAL, FL 33904 US			SNOW, GERALD T 3614 SW 6 TH AVE. CAPE CORAL, FL 339		
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GERALD T SNOW				09/04/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SNOW, GERAL 3614 SW 6TH A CAPE CORAL,	<b>N</b> E	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () SNOW, JAMES 321 KAMAL PAI CAPE CORAL,	RKWAY	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	S (X) WASHINGTON, 321 KAMAL PAI		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GERALD T SNOW P 09/04/2009