

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 13 PM 3:43

DOCUMENT #

P95000023318

1. Corporation Name

International Custom Interiors, Inc.

300003856663--2
-03/16/01--01100--031
****750.00 ****750.00

2. Principal Office Address

7616 N. Narcoossee

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32822

Country

USA

3. Mailing Office Address

7616 N. Narcoossee

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32822

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/95

5. FEI Number

59-3300923

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

David I. Farber

DAVID I. FARBER
ASSISTANT SECRETARY

Date

3/2/01

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
P/D	R. Jack DeCrane	2361 Rosecrans Ave. #180	El Segundo, CA 90245
T/D	Richard J. Kaplan	2361 Rosecrans Ave. #180	El Segundo, CA 90245
V	Charles Becker	2361 Rosecrans Ave. #180	El Segundo, CA 90245
V	Alan Cook	7616 N. Narcoossee	Orlando, FL 32822
V	Steve Philips	7616 N. Narcoossee	Orlando, FL 32822
A	Stephen A. Silverman	1620 26th Street, #2000N.	Santa Monica, CA 90404

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 under section 119.07(3)(i), 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:

Stephen A. Silverman

Stephen A. Silverman, Assistant Secretary

12/27/00 (310) 586 2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #