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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 28 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035897

1. Corporation Name

Bilmas Interiors Inc

W06 - 37020

2. Principal Office Address

5817 S Orange Ave

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32809

Country

US

3. Mailing Office Address

5817 S Orange Ave

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32809

Country

US

REINSTATEMENT 04-06
CR2E081 (12/05)4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3281151

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

Vivian Oviedo

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

5817 S Orange Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

200079517402

09/06/06--01024--002 **300.00

000079517420

09/06/06--01024--003 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S.

Signature of
Registered Agent

Vivian Oviedo

Date

08/06/06

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
D	Bilma Rubio	5817 S Orange Ave	Orlando FL 32809
D	Vivian Oviedo	5817 S Orange Ave	Orlando FL 32809

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

Vivian Oviedo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/06 415095840

Date

Daytime Phone #

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August 9, 2006

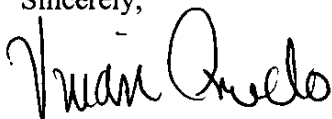
Florida Department of State

Gentlemen:

It has come to our attention that our Corporation has been dissolved.

We did not receive any notice to renew pay the annual corporate fee.
Please accept our check for \$300.00 which is the annual fee for the last
two years and renew our corporation.

Sincerely;

A handwritten signature in black ink, appearing to read "Vivien Oviedo". The signature is fluid and cursive, with the first name "Vivien" and last name "Oviedo" clearly distinguishable.

Vivien Oviedo, President