

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 15 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092580

1. Corporation Name

INTERIOR REPAIR AND SERVICES, INC.

2. Principal Office Address

3725 N.W. 41 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA 33142

Zip

Country

3. Mailing Office Address

3725 N.W. 41 STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA 33142

Zip

Country

REINSTATEMENT 200-2001

4. Date Incorporated or Qualified

To Do Business in Florida

12/06/1995

5. FEI Number

65-0650716

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

GONZALO ZABALETA

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

1260 MEADOWS BLVD

Suite, Apt. #, Etc.

City

WESTON

State
FL

Zip Code

33327

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

Gonzalo Zabaleta

REGISTERED AGENT MUST SIGN

Date

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/O	GONZALO ZABALETA	1260 MEADOWS BLVD.	WESTON FL. 33327

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:

Gonzalo Zabaleta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 10 2002

Date

Daytime Phone #

351-633-8830