DI 5405 D540			
APPLICATION FOR OUT TO THE REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTME Sandra B. Mo Secretary of	NT OF STATE	OMPLETING THIS FORMOVED AND FILED
	DIVISION OF CORPO	PRATIONS	1998 HAR 13 AH 8: 32
DOCUMENT # P960000 9 11 96 (1) 1. Corporation Name			SECRETARY OF STAYE TALLAHASSEE, FLORIDA
INTERIOR BUILDING	SERVICES, IN	C·	
Principal Place of Business Mailing Address 815 VERONA LAKE DR. 815 VERONA LAKE DR.			
FT. LAUDERDALE, FL FT. LAUDERDALE, FL			
33326		33326	
If above addresses are incorrect in any way, line throat. New Principal Office Address, If Applicable	ough incorrect information and enter 3. New Mailing Office Address, It		Date Incorporated or Qualified
Suite, Apl. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 11-6-96
City & State	City & State		5. FEI Number Applied For Not Applied For Not Applied For
Zip Country	Zip Count	ry	6. CERTIFICATE OF STATUS DESIRED of tor a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corpor	ations must list at leas	
Title(s) Name of Officers and/or Directors) O:	reet Address of Each fficer and/or Director Ise Post Office Box No	City / State / Zip
			FT. LAUDERDALE, FL
D ROBGET H. MITT		ONA LAKE	FT. LAUDERDACE, FC
D CINDY A. MITT.	ET 815 VERI	DNA LAKE	DR. 33326
			4000024597441
		· · · · · · · · · · · · · · · · · · ·	-03/17/9801072036
			DEINISTATENTE AND STATE
			UCHAININI 3%
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent
FILINGS INC. ROBER			TH. MITTET
3732 NW-16 STREET			O. Box Number Is Not Acceptable) RONA LAVE DR.
PT. LANDERDACE, PL 333H			
<u> </u>		FT. LAUDE	State Zip Code FL 33326
10. I, being appointed the registered agent of the above Signature of	ve named corporation, am familiar wi	ith and accept the obli	
Registered Agent X	GISTERED AGENT MUST SIGN		Date <u>3-10-98</u>
11. This corporation owes or ha Intangible Personal Property		ar Yes 🔀	No (See other side for information on intangible tax.)
this reinstatement application, the reason for dissol	ution has been eliminated, the corpo ames of individuals listed on this for	erate name satisfies th m do not qualify for ar	ovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607,0401 or 617,0401, F.S., that all fees to exemption under section 119,07(3)(i), F.S. The information indicated path.
SIGNATURE: X Robert SIGNATURE AND TYPED OR PRIN	H. Mille ITED NAME OF SIGNING OFFICER OR	DIRECTOR	3-10-98 Date Daylime Phone #

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