

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

## REINSTATEMENT 04



11092004 REIN-P CR2E098 (6/04) *MRS*

<b>DOCUMENT # P97000012975</b> 1. Entity Name SPANISH AMERICAN INTERIORS, INC.	
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Principal Place of Business 250 BUSINESS PARKWAY SUITE #6 ROYAL PALM BEACH, FL 33411 US	Mailing Address 250 BUSINESS PARKWAY SUITE #6 ROYAL PALM BEACH, FL 33411 US
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2. Principal Place of Business <i>250 Business Parkway</i> Suite, Apt. #, etc. <i>#3</i>	3. Mailing Address <i>250 Business Parkway</i> Suite, Apt. #, etc. <i>#3</i>
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City & State <i>Royal Palm Beach, FL</i>	City & State <i>Royal Palm Beach FL</i>
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Zip <i>33411</i>	Country <i>Palma Beach</i>	Zip <i>33411</i>	Country <i>Palma Beach</i>
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6. Name and Address of Current Registered Agent  NARVAEZ, DAVID 250 BUSINESS PARKWAY STE 3 ROYAL PALM BEACH, FL 33411	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <span style="font-size: 1.2em;">FL</span>    Zip Code                 </div>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 12-15-04

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NARVAEZ, DAVID 250 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	400043538074 12/20/04--01062--020 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete NARVAEZ, JESSIC 250 BUSINESS PARKWAY ROYAL PALM BEACH, FL 33411	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 12-15-04 Daytime Phone # \_\_\_\_\_