

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -4 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012975

1. Corporation Name
Spanish American Interiors, Inc.

W09-51514

2. Principal Office Address - No P.O. Box # 250 Business Park Way
3. Mailing Office Address 250 Business Park Way

Suite, Apt. #, etc. Suite 3 Suite, Apt. #, etc. Suite 3

City & State Royal Palm Beach FL City & State Royal Palm Beach, FL

Zip 33411 Country Palm Beach Zip 33411 Country Palm Beach

000162956100
11/19/09--01036--016 **300.00
REINSTATEMENT 1/09 12-09

4. Date Incorporated or Qualified To Do Business in Florida Feb. 10 1997

5. FEI Number 650723506 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 David Narvaez
Street Address (P.O. Box Number is Not Acceptable) 11137 SW Spring Tree Terrace
Suite, Apt. #, Etc.
City Port Saint Lucie State FL Zip Code 34987

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 12-2-09
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
<u>President</u>	<u>DAVID NARVAEZ</u>	<u>250 Business Park Way #3</u>	<u>Royal Palm Beach, FL 33411</u>
<u>VP</u>	<u>JESSICA NARVAEZ</u>	<u>250 Business Park Way #</u>	<u>Royal Palm Beach FL 33411</u>

REINSTATEMENT **RH**

10. E-mail Address: SAFNarvaez@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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: [Signature] Date 11/16/09 Daytime Phone # 5612912577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR