

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

04 NOV 10 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064639

1. Entity Name
MERY SOL'S INTERIORS, INC.



Principal Place of Business
676 CHERRY ST.
WINTER PARK, FL 32789

Mailing Address
676 CHERRY ST.
WINTER PARK, FL 32789

07/21/04 90026 018 \$150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

59-3463279

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, MERY SOL
210 LAKE GENE
LONGWOOD, FL 32779

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME PENA, MERY SOL
STREET ADDRESS 210 LAKE GENE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT of

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: Merysol Postes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/04 407-629-8892
Date Daytime Phone #

this is copy of the check I send w my
corporation form on April 25,
I don't know what happen with the form
Please, reinstate my Corporation

Any question

Call me a

407-629-8892

Thank!

Merysol Portes

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009088799

JUL 21 2004

VS DATE 07/23/04
E24 E C 060 CF

BANK OF AMERICA, NA, MX
00630000474 E7556 01 P01
07/23/04

6640594368

MERYSOL'S INTERIORS, INC.
407-629-8892
676 CHERRY ST.
WINTER PARK, FL 32789

4200

44049183

DATE 7-25-04

PAY
TO THE
ORDER OF

FLA. Dept. of State

\$ 150.00

one hundred and fifty

DOLLARS

BANK OF AMERICA

FOR

Merysol Portes