

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 19 AM 8:02

DOCUMENT # P-98000012146
1. Entity Name
De Marquez, Interiors



REINSTATEMENT 02-05



Principal Place of Business Mailing Address
325 S. Shore Dr
Miami Beach, Fl. 33141 Same

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

01042005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0819247 Apply For Not Applicable

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

Omar Lopez
325 S. Shore Dr
Miami Beach, Fl. 33141

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] Signature, typed or printed name of registered agent and title if applicable. (Required) Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE <u>P.</u> NAME <u>Omar Lopez</u> <input type="checkbox"/> Delete STREET ADDRESS <u>325 S Shore Dr</u> CITY-ST-ZIP <u>Miami Beach, Fl. 33141</u> | | TITLE NAME <u>300055194643</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <u>05/24/05--01065--004</u> CITY-ST-ZIP <u>**1208.75</u> | |
| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP | | TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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]

