

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 APR 10 PM 3:22			
DOCUMENT # P98000097029											
1. Corporation Name Interiors By Stacey Inc.											
Principal Place of Business				Mailing Address				3. Date Incorporated or Qualified 11/17/1998			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 65-0875827			
21 18054 SW 83 Court				26 18054 SW 83 Court				Applied For Not Applicable			
Suite, Apt. #, etc. 22				Suite, Apt. #, etc. 27				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23 Miami FL				City & State 28 Miami FL				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24 33157		County 25		Zip 29 33157		County 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
Corporate Creations Enterprises Inc. 4521 PGA Boulevard #211 Palm Beach Gardens, FL 33418						81 Name Corporate Creations Enterprises, Inc.					
						82 Street Address (P.O. Box Number is Not Acceptable) 4521 PGA Boulevard #211					
						83					
						84 City Palm Beach Gardens FL 85 Zip Code 33418					
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE <u>[Signature]</u> Corporate Creations Enterprises, Inc. by K. Sarria Vice President 4/8/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		President Stacey Adams 18054 SW 83rd Court Miami, FL 33157		<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Secretary Stacey Adams 18054 SW 83rd Court Miami, FL 33157		<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		500016324835 04/18/03--01055--017 **608.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Treasurer Stacey Adams 18054 SW 83rd Court Miami, FL 33157		<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.											
SIGNATURE <u>[Signature]</u> Stacey Adams, President						by K. Sarria as attorney-in-fact 305-672-0686					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #					

Florida Division of Banking
Suite 1401
The Capitol
Tallahassee, FL 32399

Re: Interiors By Stacey Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 600.00 check payable to Florida Department of State

for 2000, 2001, 2002
We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

by K. Sarria as attorney-in-fact

Name: Stacey Adams

Title: Director

Date: 4/8/03