### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Kathorine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P99000026618**

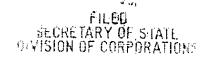
1. Corporation Name

#### INTERIOR INVESTMENTS, INC.

on this application is true and accurate

Principal Place of Business

Mailing Address



01 MAY 16 AM 8: 37

4-19-01

1390 BRICKELL AVE STE 200 MIAMI FL 33131			1390 BRICKELL AVE STE 200 MIAMI FL 33131							
If above a	iddresses are in	correct in any way, line th	rough incorrect in	oformation as	nd enter correction below	REINS'	TATEME	NT	06:01	
				ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     03/23/1999				
Suite, Apt. #, etc. Suite, Apt. #				, etc.		H = -=-::		·		
City & State City & Si				te				Applied For		
7in Countai			7ia Country		Country	6. SERVICIONE OF STATUS DECIDED \$8.75 Additional Fee requ		Not Applicable		
Zip		Country	Zip		Country	CERTIFICATE	OF STATUS DESIRED	for	a Certificate of Status	
7. Names	and Street Add	esses of Each Officer and	I/or Director (Flo	rida nonprofi	it corporations must list at le	ast 3 directors)				
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3		City / State / Zip				
D	RUCHTEIN, LUIS E			1390 BRICKELL AVE STE 200		MIAMI FL 33131				
. <b>D</b>	MISCHIS, HENRY			1390 BRICKELL AVE STE 200			MIAMI FL 33131			
				6			000043420169 -06/05/0101074004			
			****750.00 ****750.00 6000043420169 ,   -06/05/0101074005							
				3 ****150.08 ****150.08						
						$D_{h_{-}}$				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
CASTILLO B, ALVARO					Name					
1390 BRICKELL AVE STE 200					Street Address (	Street Address (P.O. Box Number is Not Acceptable)				
MIAM! FL 33131					Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
					City			State	Zip Code	
10. I, being Signaturé o Registerad	f	registered agent of the ab SIGNA	ove named corpo	RE	amiliar with and accept the c	obligations of Secti	on 607.0505, F.S.  Date 4-/9	-01		
	J	Ŕ	EGISTERED AGI	ENT MUST	SIGN	···	Date _ · · ·			
this rein	statement appli	cation, the reason for diss	olution has been	eliminated, t	execute this application as put the corporate name satisfies in this form do not qualify for	the requirements	of section 607 0401 or	617 040	11 F.S. that all foos	

and my signature shall have the same legal effect as if made under oath.