

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 JUL 25 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095571

**1. Corporation Name**

Perspective Interiors, Inc.

**2. Principal Office Address**

8550 N.W. 33<sup>rd</sup> Street

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33122

Country

**3. Mailing Office Address**

8550 N.W. 33<sup>rd</sup> Street

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33122

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0968851

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

Masoud Shojacc

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

8550 N.W. 33<sup>rd</sup> Street, Suite 100

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

**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

REGISTERED AGENT MUST SIGN

Date 7/6/01

**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
Pres.	Maria Shojacc	8550 N.W. 33 <sup>rd</sup> St. Ste. 100	Miami, FL 33122
V.P./ Treas.	Masoud Shojacc	8550 N.W. 33 <sup>rd</sup> St. Ste. 100	Miami, FL 33122

**10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01  
Date

(305) 223-4546  
Daytime Phone #

CR2E081 (9/00)

Pg 2 of 2

May 29, 2001

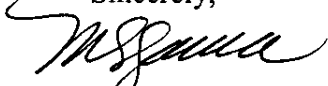
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is in reference to Document # P99000095571 for Perspective Interiors, Inc. (FEI # 65-0968851). I received the application for reinstatement in the Notice of Administrative Dissolution or Revocation. I am writing to request you reconsider this dissolution status, as the company never received the original application for the Uniform Business Report for the year 2000.

Please refer any responses to Melissa Sires-Garcia at 8550 NW 33<sup>rd</sup> Street, Suite 110, Miami, Florida 33122, fax # (305) 715-5547, or phone # (305) 223-9596, extension 37. Your consideration to this request is greatly appreciated.

Sincerely,



Melissa Sires-Garcia