

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR



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

99 SEP 16 AM 9:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **98-CIGAR JB 3374**

1. Corporation Name  
**FURNITURE DESIGN OF CENTRAL FLORIDA INC.**

Principal Place of Business Mailing Address  
**219 HICKMAN DR  
 SANFORD, FL 32771**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number	
City & State		City & State		<b>59-2797742</b>	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country		Country		Applied For	
				Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DIP	<b>EBRAHIM HAMZEHLLOU</b>	<b>5040 MICHIGAN AVE</b>	<b>SANFORD, FL 32771</b>
D	<b>MOHAMMAD HAMZEHLLOU</b>	<b>1136 BRANTLEY ESTATE DR</b>	<b>ALTAMONTE, FL 32714</b>

~~50002993715-3~~  
 -09/22/98--01047--016  
 \*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>EBRAHIM HAMZEHLLOU 219 HICKMAN DR SANFORD, FL 32771</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			<b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *[Signature]* Date: **8-19-98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on applicable tax)

12. 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]* Date: **8-19-98** Daytime Phone #: **407-767-9575**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (12/98)

Robinson Accounting

08/17/99

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that Furniture Design of Central Florida Inc., has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Mr. Robinson  
Robinson Accounting