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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
06 JUL -3 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000098923

1. Corporation Name

NEW LINE FURNITURE INC

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
1974 NE 147TH TERR		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N MIAMI		City & State	
Zip: 33181	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/10/2003

5. FEI Number: 04-3774161 ☐ 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: LIBERTY TAX SERVICE-ALEX SORSHER

Street Address (P.O. Box Number is Not Acceptable): 2500-1 N STATE ROAD 7

Suite, Apt. #, Etc.:

City: HOLLYWOOD | State: FL | Zip Code: 33021

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: _____ Date: 06/28/2006

REGISTERED AGENT MUST SIGN

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
P	IGOR ESTRIN	1974 NE 147 TERRACE	N MIAMI, FL 33181
		700077141437 07/07/06--01024--025 **450.00	

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 contained in Chapter 119, 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: _____ Igor Estrin 06/28/2006 (954) 410-9118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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NEW LINE FURNITURE INC.

1974 NE 147 TERRACE, MIAMI FL 33181
PH. # (954) 410-9118 FAX # (954) 455-4248
EMAIL: www.i_estrin@yahoo.com

June 28, 2006

Florida Department of State
Division of Corporations

Re: New Line Furniture, Inc.
P03000098923

To Whom It May Concern:

I would like to bring to your attention that we did not receive the annual report forms for last few years.
Please, if it is all possible, wave the late fees. We are sending the reinstating request with appropriate amount, as per conversation with your representative.

Thank You
Sincerely

Igor Estrin
President