

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 MAY 18 AM 11:20


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

10-12

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000015422

1. Corporation Name

ALLIED HOTEL & RESTAURANT FURNITURE, INC.

2. Principal Office Address - No P.O. Box #

13260 SW 87 Ave.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2/22/1994

5. FEI Number

65-0470425

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

Christopher Riccio

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

13280 SW 87 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

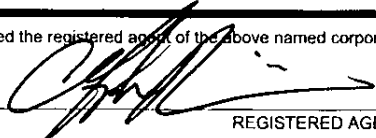
Zip Code

33176

100235292991  
05/18/12-01028-020 \*\*1058.75

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 05.15.2012

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	Christopher Riccio	13280 SW 87 Ave.	Miami, FL 33176
S	Anthony J. Riccio	13280 SW 87 Ave.	Miami, FL 33176

10. E-mail Address: riccio@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:



DIRECTOR

05.15.2012

305 2538516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MW/5/21

DON R. LIVINGSTONE  
Attorney at Law  
8761 S. W. 133 Street, #202  
Miami, Florida 33176  
Telephone 305 238-9473  
Fax 305 238-9474

May 16, 2012

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement-Allied Hotel & Restaurant Furniture, Inc.

Dear Sir:

For purposes of reinstating this corporation I am enclosing my trust account check for \$1,058.75 covering:

Corporation Reinstatement Form  
Reinstatement fee - \$600  
Annual Report fee (3 years) - \$450  
Certificate of Status - \$8.75

Please send the Certificate of Status to my office.

Thank you,

  
DON R. LIVINGSTONE

Its  
Enclosures