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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 29 AM 11:46

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058997

1. Corporation Name
Waldo's Designers and Upholstery, Inc
18482 West Dixie Hwy
No. Miami Beach, FL 33160

2. Principal Office Address
18482 W. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Office Address
same
Suite, Apt. #, etc.

City & State
No Miami Beach, FL

City & State

Zip Country
33160 U.S.

Zip Country
- -

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 8/8/1994

5. FEI Number 65-0450426 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 Waldo Ramos 200041438952
Street Address (P.O. Box Number is Not Acceptable) 18482 W. Dixie Hwy
Suite, Apt. #, Etc.
City No. Miami Beach State FL Zip Code 33160

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 _____
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
D	Roly Ramos	18558 NE 18th AVE, #203	No. Miami Beach, FL 33179
D	Alicia Ramos	18558 NE 18th AVE, #203	No. Miami Beach, FL 33179

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

9/23/04 (305) 9357598
Date Daytime Phone #

CR2E081 (01/04)

AFFIDAVIT


Before me, personally appeared WALDO RAMOS, who upon being duly sworn, under oath, deposes and says as follows:

1. I am WALDO RAMOS, the Registered Agent, Officer and Director of the Corporation WALDO'S DESIGNERS AND UPHOLSTERY, INC., and in said capacity, I have personal knowledge of all matters contained herein.
2. I have learned that the Corporation WALDO'S DESIGNERS AND UPHOLSTERY, INC. has been dissolved for failing to file the Annual Report as required by the State.
3. I did not have any knowledge that the Corporation, WALDO'S DESIGNERS AND UPHOLSTERY, INC. was and/or had been dissolved, since I did not receive any notification and/or Annual Report form to be filed for said Corporation.
4. I never received the Annual Report form, since as of 2001. Thus, the Annual Report notifications were never received by the Corporation, and if same would have been received, we would have immediately complied and filed, as it had been done previously.
5. As a result of the foregoing, I hereby request on behalf of WALDO'S DESIGNERS AND UPHOLSTERY, INC., that consideration be taken, and that the reinstatement penalty fee for not having filed the Annual Report be waived, and that we be allowed to have this corporation reinstated and that we be allowed to have same reinstated by paying the original fee of \$150.00 normally charged each year for the filing of the Annual Report.

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- 6. We do hereby apologize for not having filed the Annual Report forms for 2002, 2003 and 2004, but said forms and/or notification thereof was never received by us, and as a result of the foregoing, we failed to have same filed and paid.

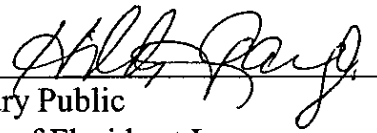
Further Affiant Sayeth Not.



 WALDO RAMOS, Registered Agent,
 Director and Officer of WALDO'S
 DESIGNERS AND UPHOLSTERY, INC.

The foregoing was sworn and subscribed before me by WALDO RAMOS, who acknowledged that he was empowered to and that he did execute the foregoing Affidavit on behalf of WALDO'S DESIGNERS AND UPHOLSTERY, INC., for the purposes therein intended.

Dated this 23RD day of Sept., 2004.



 Notary Public
 State of Florida at Large



My Commission Expires: