

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 MAY -2 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036470

1. Corporation Name

WALL FURNITURE, INC.

Principal Place of Business

2064 SOUTH UNIVERSITY DR.
DAVIE FL 33324

Mailing Address

2064 SOUTH UNIVERSITY DR.
DAVIE FL 33324



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

04/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650837974

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for BROMBERG, LOUIS and BROMBERG, FLORENCE.

400003259934--8
-05/19/00--01103--023
****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BROMBERG, STEPHEN
20321 BOCA WEST DR.
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State, Zip Code.

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 4/26/00

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-26-00 Daytime Phone # (203) 972-3187

CR2E040 (8/99)