

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Morris
Secretary of State
DIVISION OF CORPORATIONS

0102 UBR

FILED

02 FEB -5 PM 1:45

STATE
TALLAHASSEE, FLORIDA

900004916109--5
-02/13/02--01082--010
****308.75 ****308.75

DOCUMENT # **PA8000030470**

1. Corporation Name
Wall Furniture, Inc.

2. Principal Office Address
3848 W. Hillsboro Blvd
Suite, Apt. #, etc.

3. Mailing Office Address
3848 W. Hillsboro Blvd
Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip Country
33442 U.S.A.

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33442 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **1998**

5. FEI Number
650837974

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
Stephen Bromberg

Street Address (P.O. Box Number is Not Acceptable)
20321 Boca West Drive

Suite, Apt. #, Etc.

City
Boca Raton

State Zip Code
FL 33433

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 **[Signature]** Date **1/29/02**
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
Pres	Stephen Bromberg	20321 Boca West Dr.	Boca Raton, FL 33434

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]** Date **1/29/02** Daytime Phone # **954 419 9556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)