

JAN. 30. 2004 12:59PM

CORPORATION SVC CO

NO. 709 P. 2
H04000022084 3
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 30 PM 4:41

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000106535

1. Corporation Name
DESIGNER UPHOLSTERY, INC.

2. Principal Office Address
11614 Plantation Preserve Circle

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip Country
33912 LEE

4. Date Incorporated or Qualified To Do Business in Florida
Sept. 30, 2002

5. FE# Number
41-2081937

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

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7. Name and Address of Current Registered Agent

Name
LEONARD L. LISZEWSKI, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
2110 Cleveland Avenue

Suite, Apt. #, etc.

City
Fort Myers,

State Zip Code
FL 33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent *Leonard Liszewski*
Date **January 28, 2004**
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	German Londono	11614 Plantation Preserve Circle	Fort Myers, FL 33912
Sec/ Treas	Diana Campo	11614 Plantation Preserve Circle	Fort Myers, FL 33912

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 118.07(3)(b), 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: *German Londono*
GERMAN LONDONO, January 28, 2004
President Date Day/Mo/Year

03/2004 11/03/04

Florida Department of State
Division of Corporations
Public Access System

DEW

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(((H04000022084 3)))

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DESIGNER UPHOLSTERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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