


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 134364

1. Corporation Name

BISHOP OFFICE FURNITURE COMPANY, INC.

2. Principal Office Address		3. Mailing Office Address	
1 Environmental Way		1 Environmental Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Broomfield, CO		City & State Broomfield, CO	
Zip 80021	Country USA	Zip 80021	Country USA

**REINSTATEMENT** 07-2001

4. Date Incorporated or Qualified To Do Business in Florida		4/28/37
5. FEI Number 59-0165635	Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent	
Name Donald E. Thompson, II, Esq., Proskauer Rose, LLP	
Street Address (P.O. Box Number Is Not Acceptable) 2255 Glades Road, Suite 340 West	
Suite, Apt. #, Etc.	
City Boca Raton	State FL
Zip Code 33431-7360	

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-01/24/01--01005-004  
\*\*\*1250.00 \*\*\* 350.00

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]  
REGISTERED AGENT MUST SIGN

Date 1/11/2001

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/D/	Robert King	1 Environmental Way	Broomfield, CO 80021
CFO	Gordon Glover	1 Environmental Way	Broomfield, CO 80021
V/S	Thomas Cullen	1 Environmental Way	Broomfield, CO 80021

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Cullen  
Date  
303/664-2000  
Daytime Phone #

KE

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