

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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APPROVED
AND
FILED

04 NOV 15 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



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DOCUMENT # 713327	
1. Entity Name INTERNATIONAL FURNISHINGS AND DESIGN ASSOCIATION, FLORIDA CHAPTER, INC.	

Principal Place of Business 1855 GRIFFIN RD DANIA, FL 33004	Mailing Address DCOTA-1855 GRIFFIN RD DANIA, FL 33004
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2. Principal Place of Business 1361 NE 103rd St. Suite, Apt. #, etc.	3. Mailing Address SAME
City & State MIAMI SHORES, FL	City & State SAME
Zip 33138 Country USA	Zip Country

11082004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-1197079	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MARTA C 35 NE 40TH STREET #1G #407 MIAMI, FL 33-137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARTA C 35 NE 40TH ST #16 MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, BARBARA 19931 NE 10TH PLACE WAY MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 000042754260 11/15/04-01068--008 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, EMILY 165 NE 162ND ST. MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUHL, JOHN 902 CLIM MOORE RD., #200 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMEK, ZINA 10620 PLAINVIEW CIRCLE BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/10/04
Daytime Phone #: 561-962-2927

As 202



Joel Friend & Associates, Inc.

CONFIDENTIAL

November 8, 2004

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: INTERNATIONAL FURNISHINGS AND DESIGN ASSOCIATION, FLORIDA CHAPTER, INC.
Charter# 713327**

To Whom It May Concern:

The taxpayer and I respectfully request that the State of Florida abate the reinstatement fee associated with this late filing. This non-profit organization has recently retained my firm to handle their accounting and tax needs. I notified the taxpayer that their Annual Uniform Business Report for 2004 was not timely filed. Taxpayer informed me they had no notification of this filing and fully intends to comply timely with all future state filing requirements.

Enclosed you will find the taxpayer's payment of \$70.00 for the following:

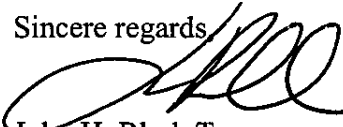
Uniform Business Report	
2004	\$61.25
Certificate of Status	\$8.75
Total:	\$70.00

We once again respectfully request the State of Florida to abate the reinstatement fee for the reason mentioned above. My client fully intends to keep this corporation active. If you should have any questions please contact me directly.

Sincere regards,


Joel Friend, MAcc/Professor
Joel Friend & Associates, Inc.

Sincere regards,


John H. Rhul, Treasury
INTERNATIONAL FURNISHINGS AND DESIGN
ASSOCIATION, FLORIDA CHAPTER, INC.