

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 PM 4: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K58930**

1. Corporation Name

BEST DEAL FURNITURE + APPLIANCES, INC.

REINSTATEMENT 03-04

2. Principal Office Address

2779 N.W. 198 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

2779 N.W. 198 TERRACE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33056

Country

U.S.A.

City & State

Miami, FL

Zip

33056

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1989

5. FEI Number

65-0098098

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

SAMUEL DACRES

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

2779 N.W. 198 TERRACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33056

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

12/8/2004

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
PD	SAMUEL DACRES	2779 N.W. 198 TERRACE	Miami, FL 33056

12/13

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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]

SAMUEL DACRES

Date

12/8/2004 (305) 992-5097

Daytime Phone #

CR2E081 (01/04)