

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L00000000164

Name and Mailing Address

0008186 01 AT 0.292 **AUTO TO 0 0615 33308-341010



MAXIMILIAN DESIGN FURNITURE LLC
5310 N.E. 31ST AVENUE
FT. LAUDERDALE FL 33308-3410



2. New Mailing Address 2200 NE 17 CT		4. State/Country of Formation FL	
City, State, Zip FORT LAUDERDALE, FL 33305		5. Date Organized or Qualified To Do Business in Florida 01/05/2000	
Principal Place of Business 5310 N.E. 31ST AVENUE FT. LAUDERDALE FL 33308	3. New Principal Place of Business Address 1855 GLIPPEN RD. SUITE C-440 City, State, Zip DANIA BEACH, FL 33004	6. FEI Number 65-0970758	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent ALIX, GILLES 5310 N.E. 31ST AVENUE FT. LAUDERDALE FL 33308		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name ALIX, GILLES Street Address (P.O. Box Number is Not Acceptable) 2200 NE 17 CT City, State, Zip FORT LAUDERDALE FL 33305			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent [Signature] REQUIRE REQUIRED Date 11/03/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ALIX, GILLES	5910 NE 31ST AVENUE 2200 NE 17 CT FT. LAUDERDALE, FL 33305	FT. LAUDERDALE FL 33308
MGRM	MARTINEZ, MARTHA	5310 N.E. 31ST AVENUE 2200 NE 17 CT FT. LAUDERDALE, FL 33305	FT. LAUDERDALE FL 33308
		600024528076 11/10/03--01001--030 **155.00	
		REINSTATEMENT 03 cus dec	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **[Signature]** **REQUIRE REQUIRED** Date **11/03/04** Daytime Phone # **954-592-8252**
Typed or printed name of signing Managing Member/Manager **GILLES ALIX**