

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02

[Handwritten signature]

DOCUMENT # L99/4314

1. Limited Liability Company's Name

International Furniture Group, L.L.C.

2. Principal Office Address

9119 Southern Breeze Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32836

Country
USA

3. Mailing Office Address

9119 Southern Breeze Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip
32836

Country
USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 16, 1999

6. FEEL Number

59-3618825

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

B&C Corporate Services of Central Florida, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

1100

City

Orlando

State

FL

Zip Code

32801

800003454898-4

-11/07/00-01056-008

***150.00 ***150.00

9. 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.
B&C Corporate Services of Central Florida, Inc.

Signature of
Registered Agent By:

[Handwritten signature] Vice President

REGISTERED AGENT MUST SIGN

Date 10/17/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGT	William R. Maddux, Jr.	9119 Southern Breeze Drive Orlando, Florida 32836	
MGT	Wellington Y. Chiu	9119 Southern Breeze Drive Orlando, Florida 32836	

11. 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 William R. Maddux Date 10/17/00 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager William R. Maddux

CR2E041 (9/99)