



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P00000016963

1. Corporation Name

IN ART & FURNITURE GALLERY, INC.

Principal Place of Business

625 SOUTHWEST 1ST AVENUE
MIAMI FL 33130

Mailing Address

625 SOUTHWEST 1ST AVENUE
MIAMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/17/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0983103	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	RAHMANIE, MARYAM	625 SOUTHWEST 1ST AVENUE	MIAMI FL 33130
			400005168614--1. -03/26/02--01024--020 ****150.00 ****150.00
			400005168614--1. -03/26/02--01024--021 ****150.00 ****150.00
			01-02 UBR

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Name Maryam Rahmanie Street Address (P.O. Box Number is Not Acceptable) 625 SW 1st Avenue Suite, Apt. #, Etc. City Miami State FL Zip Code 33130	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Maryam Rahmanie Date 12/1/01
REGISTERED AGENT MUST SIGN

11. 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: Maryam Rahmanie Date 12/01/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (9/01)

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IN ART & FURNITURE GALLERY, INC.

625 S.W. I AVENUE

MIAMI, FL 33130

305-377-1377

December 20, 2001

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

As per our phone conversation, I have attached a check for \$150.00 for the year 2001 Uniform Business Report filing.

Additionally, please change my mailing address to 8600 NW 53rd Terrace, Suite 201, Miami, FL 33166.

As discussed, please waive any re-instatement penalties because, I never received the notices from your office to file for 2001.

Thank you for your assistance and cooperation. If there are any questions please contact my accountant, Frank Rosillo at 305-477-5671.

Sincerely,


Maryam Rahmanie
President