
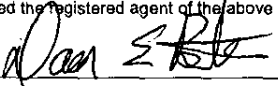
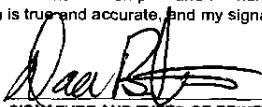


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 03 AUG 28 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>90000045145</u>				
<b>1. Corporation Name</b> Boca Furniture, Inc				
<b>2. Principal Office Address</b> 5648 SW 142nd Avenue Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 5648 SW 142nd Avenue Suite, Apt. #, etc.		
<b>City &amp; State</b> Ft Lauderdale, FL		<b>City &amp; State</b> Ft Lauderdale, FL		
<b>Zip</b> 33330	<b>Country</b> USA	<b>Zip</b> 33330	<b>Country</b> USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05/04/2000		<b>5. FEI Number</b> 65-1005359		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>Applied For</b> Not Applicable		
<b>7. Name and Address of Current Registered Agent</b>				
<b>Name</b> Dana Burnstad				
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5648 SW 142nd Avenue				
<b>Suite, Apt. #, Etc.</b>				
<b>City</b> Ft Lauderdale		<b>State</b> FL	<b>Zip Code</b> 33330	
<b>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.</b>				
<b>Signature of Registered Agent</b> 		<b>Date</b> 08/28/2003		
<b>REGISTERED AGENT MUST SIGN</b>				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>	
P	Dana Burnstad	5648 SW 142nd Avenue	Ft Lauderdale, FL 33330	
VP	Sally Burnstad	5648 SW 142nd Avenue	Ft Lauderdale, FL 33330	
<b>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.</b>				
<b>SIGNATURE:</b> 		<b>Date</b> 08/28/2003		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Dana Burnstad		<b>Daytime Phone #</b> 954-680-8657		

CR2E081 (10/02)

# BOCA FURNITURE

5648 SW 142nd Avenue  
Ft Lauderdale, FL 33330  
(954) 680-8657 Fax: (954) 680-9597

August 28, 2003

Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32399

RE: Reinstatement of Corporation

To whom it may concern:

I am writing in regards to my recent knowledge that my corporation was dissolved back in 2002. Unfortunately, in that year my office went through many transitions and I was unaware that we had not received the form to renew our corporation.

Upon my finding I immediately tried to contact your office but the website and the phone number were down most of the day due to technical difficulties. I am enclosing my check for the two years for a total of \$300.00. If you have any questions in regards to this situation will you please contact me on my cell phone at (954) 658-0390.

Regards,



Dana Burnstad  
President