2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2006
Secretary of State

DOCUMENT# P00000080582

Entity Name: NOBSA'S FURNITURE DESIGN, INC.

Current Principal Place of Business:

1834 B NE MIAMI GARDEN DRIVE
NORTH MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1834 B NE MIAMI GARDENS DRIVE
NORTH MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 65-1035645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEZ, DANIEL
1834 B NE MIAMI GARDENS DRIVE
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DANIEL MENDEZ

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: MENDEZ, DANIEL
Address: 1834 B NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D ( ) Delete
Name: MENDEZ, DANIEL
Address: 1834 B NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D ( ) Delete
Name: MENDEZ, CLAUDIA
Address: 1834 B NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: TV ( ) Delete
Name: MENDEZ, CLAUDIA
Address: 1834 B NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL MENDEZ P 09/29/2006

Electronic Signature of Signing Officer or Director — Date