PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:00

DOCUMENT # **P00000081479**

1. Corporation Name

STATUS-QUO CUSTOM FURNITURE & ACCESSORIES, INC.

Principal Place of Business	Mailing Address
1855 GRIFFIN RD.. STE. C-366 DANIA FL 33004	1855 GRIFFIN RD.. STE. C-366 DANIA FL 33004

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/24/2000

5. FEI Number: 65-1033207 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SMYTH, PAUL	1932 TIGERTAIL BLVD., #C-13	DANIA FL 33004
D	DELGADO, WILBERT	6007 N.W. 45 TERR.	COCONUT CREEK FL 33073
			200004677992--0
			-11/14/01--01019--024
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~SMYTH, PAUL~~ ~~1855 GRIFFIN RD., STE. C-366~~ ~~DANIA FL 33004~~	Name: WILBERT DELGADO Street Address (P.O. Box Number is Not Acceptable): 6007 N.W. 45 TERRACE Suite, Apt. #, Etc.: City: COCONUT CREEK State: FL Zip Code: 33073

CR2E040 (8/01)

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 _____ REGISTERED AGENT MUST SIGN Date 10/16/01

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: _____ 10/16/01 (954) 921 4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #