

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 28 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083299

1. Corporation Name

DL Quality Made Furniture Corp.

2. Principal Office Address

9811 NW 80th Ave

Suite, Apt. #, etc.

lot # 7H

City & State

Hialeah, FL

Zip 33016

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/00

5. FEI Number

651036682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Lima

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

3011 W 76th St #211

Suite, Apt. #, Etc.

Apt # 211

City

Hialeah

000005257160--1

04/12/02--01048--005
***150.00 ***150.00

000005257160--1

04/12/02--01048--006
***158.75 ***158.75

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.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	David Lima	3011 W 76th St #211	Hialeah, FL 33018

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.

SIGNATURE:

David Lima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/02

Daytime Phone #

CR2E081 (9/01)

DL Quality Made Furniture, Inc

Lat 2

December 26, 2001

DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE FL 32314

Re: DL Quality Made Furniture, Inc.

To Whom It May Concern:

With this letter, I would like to apologize for the delay of this payment. This is my first year with this corporation and I truly was not aware of the annual fee. I am truly sorry but I never received any forms or notices explaining to me about this fee. I have enclosed \$150.00 for my yearly fee.

The name of the corporation is DL Quality Made Furniture, Inc. tax id #651036682.

If any correspondence has to be mailed to the above corporation please submit to the enclosed address not the PO Box on file.

If you have any questions please do not hesitate to call me at (305) 827-0281.

Thank you in advance.

Sincerely,

David Lima

David Lima
President

PO0000083299