


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000100308**

1. Corporation Name

HAMILTON FURNITURE SHOWROOMS, INC.

Principal Place of Business

901 N. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

Mailing Address

901 N. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/25/2000

5. FEI Number

65-1053064

Applied For

Not Applicable

8. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	STEWART, CATHERINE R.M.	901 N. DIXIE HIGHWAY	WEST PALM BEACH FL 33401

900004717113--5
-12/10/01--01098--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

STEWART, CATHERINE R.M.
901 N. DIXIE HIGHWAY
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

05/19/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01

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HAMILTON FURNITURE

Oct. 19, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Attn: Katherine Harris, Secretary of State

Re: Corporation Name-Hamilton Furniture Showrooms, Inc-Document #P00000100308

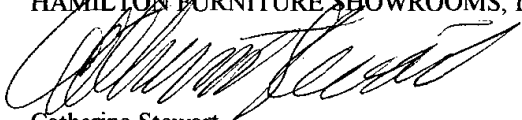
Dear Ms. Harris

With reference to the above stated corporation, please be advised that we never received the filing form or any notice. Per Robin I am writing this letter and enclosing the reinstatement form and accompanying fee of \$150.00.

If you have any questions, or need to communicate with me, please call at the number stated below. Thank you.

Sincerely,

HAMILTON FURNITURE SHOWROOMS, INC.



Catherine Stewart
Director

CS/rh