PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 26 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023101

1. Corporation Name
CREATIVE FURNITURE FACTORY

2. Principal Office Address	3. Mailing Office Address
321 S.W. 14th. AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State POMPANO BEACH, FL.	City & State
Zip 33069 Country U.S.A.	Zip Country

4. Date Incorporated or Qualified to Do Business in Florida MARCH 1, 2001

5. FEI Number 65-1086095 ☐ 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: Jason Scott Rudolph 09/26/03--01096--001 **300.00

Street Address (P.O. Box Number is Not Acceptable): 10800 Biscayne Blvd. 100023370451 09/26/03--01096--001 **300.00

Suite, Apt. #, Etc.: 580

City: Miami State: FL Zip Code: 33161

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: JF REGISTERED AGENT MUST SIGN Date 9/19/03

CR2E081 (10/02)

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
PRES.	EVAN RUDOLPH	1207 LINCOLN St.	HOLLYWOOD, FL. 33069
V.P.	ANTHONY PENA	3806 N.W. 84th. AVE.	CORAL SPRINGS, FL. 33065
	REINSTATEMENT 02-03		TS

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: JF 9/19/03 954-786-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #