

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000064166

1. Corporation Name

BISHOP FURNITURE REFINISHING AND REPAIR, INC.

Principal Place of Business

Mailing Address

5624 DEWEY ST.
 HOLLYWOOD FL 33032

5624 DEWEY ST.
 HOLLYWOOD FL 33032



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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0769044

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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
PRESIDENT Owner	VINTON CAMPBELL	8305 NW 80 PLACE	TAMARAC 33319

100008699401
 10/30/02--01069--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, VINTON
 5624 DEWEY ST.
 HOLLYWOOD FL 33032

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

VINTON CAMPBELL SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

954 962 0088

Daytime Phone #

CR2E040 (8/02)