

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 16 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P 010000 78509

1. Corporation Name

New Design Furniture manufactures Inc.

old address 8232 NW 24 St
Coral Springs FL 33065

2. Principal Office Address

2903 NW 28 Street

Suite, Apt. #, etc.

Bldg-6

City & State

Lauderdale Lakes, FL

Zip

33311

Country

U.S.

3. Mailing Office Address

2903 NW 28 Street

Suite, Apt. #, etc.

Bldg-6

City & State

Lauderdale Lakes, FL

Zip

33311

Country

U.S.

500008387015--9

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****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/01

5. FEI Number

65-1134693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Miguel Padron

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

2903 NW 28 Street

Suite, Apt. #, Etc.

Bldg-6

City

Lauderdale Lakes

State

FL

Zip Code

33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of
Registered Agent:

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/7/02

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

Title

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

Miguel Padron

2903 NW 28 Street

Lauderdale Lakes, FL

33311

Vstd

Lucila Rodriguez Padron

2903 NW 28 Street

Lauderdale Lakes, FL

33311

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(5)(f), 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]

Lucila Rodriguez Padron

Vstd

10/7/02 954-733-9840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/02

NEW DESIGN FURNITURE, MFG. INC.

2903 N.W 28 Street

Lauderdale Lakes, Fl 33311

Ph: 954-733-9840 Fx: 954-733-9889

October 7, 2002

Division of Corporations

Uniform Business Report Filings

P.O.Box 1500

Tallahassee, Fl 32302-1500

To whom it may concern,

Enclosed please find the form for reinstatement of our company. This is my first business. Unfortunately I never received URB 2002 form and did not receive any notices regarding this form in 2002. The address you have for me is:

Miguel Padron

c/o New Design Furniture Manufacturers Inc.

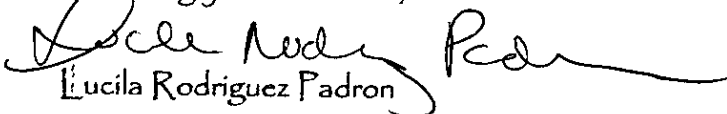
8232 N.W 24 Street

Coral Springs, Fl 33065-5646

- I did not receive and have not received any notices. Please, I implore you to waive the late fee. I am a small company starting out. I would have a hard time to pay the late fee because of the postal department not delivering this important document. I apologize for any inconvenience. It will not happen again.

I am at your mercy, please.

Thanking you in advance,


Lucila Rodriguez Padron