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

500008387015--9
-10/15/02--01094--001
****150.00 ****150.00

DOCUMENT # P01000078509

1. Corporation Name
New Design Furniture manufactureas Inc.
old address 8232 NW 24 St
Coral Springs Fl 33065

2. Principal Office Address	3. Mailing Office Address
2903 NW 28 Street	2903 NW 28 Street
Suite, Apt. #, etc. Bldg-6	Suite, Apt. #, etc. Bldg-6
City & State Lauderdale Lakes, Fl	City & State Lauderdale Lakes, Fl
Zip 33311 Country US	Zip 33311 Country US

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 ☐ $8.75 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Miguel Padron
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)

Titles	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

CR2E061 (9/01)

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: Lucila Rodriguez Padron VStd Lucila Rodriguez Padron 10/7/02 954-733-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 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