

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 10 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088265

1. Corporation Name

CONVERSATIONPIECE DECOR, INC.

Principal Place of Business

1177 KANE CONCOURSE STE 201  
BAY HARBOR FL 33154

Mailing Address

~~1177 KANE CONCOURSE STE 201  
BAY HARBOR FL 33154~~

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

09/04/2001

5. FEI Number

65-1138471

Applied For

Not Applicable

6. 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
PD	GOLDSTEIN, M TERESA	1177 KANE CONCOURSE STE 201	BAY HARBOR FL 33154

900009436309  
12/10/02-01063-002 \*\*\*150.00

8. Name and Address of Current Registered Agent

GOLDSTEIN, M TERESA  
1177 KANE CONCOURSE STE 201  
BAY HARBOR FL 33154

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/6/02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/02

CR2E040 (8/02)

**CONVERSATIONPIECE DÉCOR, INC.**

305 West 52<sup>nd</sup> Ave.

Suite 6A

NYC 10019

December 6, 2002

Department of State

State of Florida

Certificate of Administrative

Dissolution or Revocation

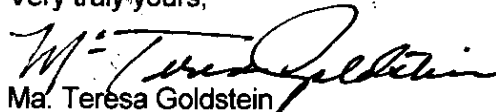
Dear Sirs,

Please accept this letter as a written request to waive the late reinstatement fee.

As the main officer of the corporation I have been spending more time in our New York office and did not receive past notices. Please send any information to the above address which is also the new mailing address for the corporation.

I can be reached at 305-495-2937 if there is anything else I need to do in order to reinstate CONVERSATIONPIECE DÉCOR INC as a Florida State corporation.

Very truly yours,



Ma. Teresa Goldstein

CONVERSATIONPIECE DÉCOR, INC.

CONVERSATIONPIECE DÉCOR, INC.