

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 MAR -1 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000088265**

1. Corporation Name

CONVERSATIONPIECE DECOR, INC.

Principal Place of Business

Mailing Address

1177 KANE CONCOURSE STE 201
 BAY HARBOR FL 33154

~~309 WEST 52ND STREET SUITE 6A
 NEW YORK NY 10019~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

~~33 EAST 74th 2F
 NEW YORK, NY
 10021~~

REINSTATEMENT 03-04



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
			200028407992 02/09/04--01036--015 **150.00
			200028407992 02/09/04--01036--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

M. Teresa Goldstein

REGISTERED AGENT MUST SIGN

Date

1/25/04

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:

M. Teresa Goldstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/04

Daytime Phone #

646-331-7253

CR2E040 (7/03)

CONVERSATIONPIECE DÉCOR, INC.

53 East 74th St.
Suite 2F
New York, New York
10021

February 20th 2004

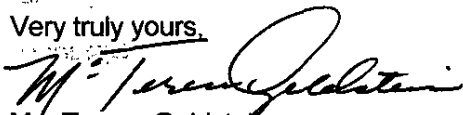
Department of State
State of Florida
Certificate of Administrative
Dissolution or Revocation

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 646-331-7253 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 Goldstem
CONVERSATIONPIECE DÉCOR, INC.

\$ 300 already paid!

Wtz