PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
Katheri l Secretar	Katherine Harris Secretary of State		030	CT 13 PM	2: 02 STATE		
505			TALL	WHY22FE'	LLOUINN		
1. Corporation Name Strictly Custom Furniture, Inc.							
Delicely Cabeom Larmatable, associated				ny sambanina samba ['] sala s	والمسار مساور أود الإدر المسار		
				10/29/0301012009 **750.00			
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Strite, Apt. #, etc.	I. #, e(C.				td 1/28/2	002	
City & State	State				1/20/2		
Davie, Flo	, Florida		1 -		4	Applied For Not Applicable	
33325	U.S.A.		6.		\$8.75 Add	inional Fee required	
7. Name and A	ddress of	Current Regis	tered Agent				
				State Zip 333	Code 3 2 5		
ve named corporation, am i	femiliar with	and accept the	obligations of sections	on 607.0505 or 61	17.0503, F.S.		
Signature of Paristrand Appel					9/24/0-	3	
Registered Agent DEGISTERED AGENT MUST SIGN					7	70	
liar Director (Florida nonpr	ofit corporat	ions myst list al	least 3 directors)				
	Street Address of Each Officer and/or Director				. City / State / Zip		
1704	s.w.	142nd	Avenue	Davie,	Florida	33325	
1704	s.w.	142nd	Avenue	Davie,	Florida	33325	
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	FLORIDA DEPAR Katherin Secretar DIVISION OF CO 505 ture, Inc. 3. Mailing Office Addre 1704 S.W. 1 Suite Apil #. etc. City & State Davie, Florida 33325 7. Name and A DI Acceptable) Avenue	FLORIDA DEPARTMENT Katherine Harri Secretary of State DIVISION OF CORPORAT 505 ture, Inc. 3. Mailing Office Address 1704 S.W. 142nd Suite Apl. M. etc. City & State Davie, Florida Zip Country 33325 7. Name and Address of DI Acceptable) Avenue Vo named corporation, am familiar with for Director (Florida nonprofit corporate Street Office 1704 S.W.	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 3. Mailing Office Address 1704 S.W. 142nd Avenue Suite Apl. #. etc. City & State Davie, Florida Zip Country 33325 U.S.A. 7. Name and Address of Current Regis DI Acceptable) Avenue Vo named corporation, am familiar with and accept the Country Country Word Country	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 505 ture, Inc. 3. Mailing Office Address 1704 S.W. 142nd Avenue Suite. Api. #. etc. 4. Date incommon To Do Bus 5. FEI Number 300 City & State Davie, Florida Zip Country 33325 U.S.A. 7. Name and Address of Current Registered Agent DI Acceptable) Avenue Sistered Agent Must sign Avenue Sistered Agent Must sign For Director (Florida nonprofit corporations must list at least 3 directors). Street Address of Each	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 3. Mailing Office Address 1704 S.W. 142nd Avenue Suite. Apil. M. etc. City & State Davie, Florida Zio Country 333325 7. Name and Address of Current Registered Agent DI Acceptable) Avenue State Davie Agent Must sign Avenue State City Agent Must sign FILED 03 OCT 13 PM SERNATATE A Date incorporated or Qualification of State To Do Business in Florida FILED 03 OCT 13 PM SERNATATE 4. Date incorporated or Qualification of Description of State To Do Business in Florida S. FEI Number 3 00 OH 3 PM SERNATATE 4. Date incorporated or Qualification of State To Do Business in Florida S. FEI Number 3 00 OH 3 PM SERNATATE 4. Date incorporated or Qualification of State To Do Business in Florida S. FEI Number 3 00 OH 3 PM SERNATATE 4. Date incorporated or Qualification of State To Description of State To Date State State State To Date State To Date To	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 505 Lure, Inc. 3. Mailing Office Address 1704 S.W. 142nd Avenue Suic. Apl. #. etc. 4. Date incorporated or Qualified To Do Business in Florida 2io Country 333325 7. Name and Address of Current Registered Agant 5. FEI Number 3.00043784 6. CERTIFICATE OF STATUS DESIRED 5. STATUS DESIRED 5. Acceptable) Avenue State 7. Name and Address of Current Registered Agant State 7. Name and Address of Current Registere	

10. I cartify 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 reinstalement 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 tees 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR