

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 PM 6:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD200040358

1. Corporation Name  
NOMDEL CUSTOM FURNITURES  
AND DRAPERIES, INC.

2. Principal Office Address  
5401 NW 102 AVE.  
Suite, Apt. #, etc.  
# 142

3. Mailing Office Address  
Same  
Suite, Apt. #, etc.

City & State  
SUNRISE FLA.

City & State

Zip 33351 Country USA

Zip Country

REINSTATEMENT 03-04  
8/14/03 9070 003 \*550.00

4. Date Incorporated or Qualified To Do Business in Florida A-15-2002

5. FEI Number 27-0013234 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 NOMERIANO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable) 6531 NW 46 ST. 400035723814 05/06/04-01072-006 \*\*150 00

Suite, Apt. #, Etc. ~~LAUDERHILL~~ ~~FL~~ ~~33319~~

City LAUDERHILL State FL Zip Code 33319

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 Date 4-29-04  
REGISTERED AGENT MUST SIGN

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
PRES.	NOMERIANO GONZALEZ	6531 NW 46 ST	LAUDERHILL FL 33319
VICEPRES.	MARIA DELIA GONZALEZ	Same	Same

400035723814  
06/04/04-01076-001 \*\*158.75

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)(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: NOMERIANO GONZALEZ Date 4-29-04 Daytime Phone # 954 578 2949  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)