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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 MAY 20 AM 9:13

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000044006

1. Corporation Name

J AND J PRODUCTS HOME FURNITURE DESIGN CORP.

2. Principal Office Address 3655 WEST 16 AVE. # 27		3. Mailing Office Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. # 27		Suite, Apt. #, etc.	
City & State Hialeah, Fl		City & State	
Zip 33012	Country USA	Zip	Country

REINSTATEMENT

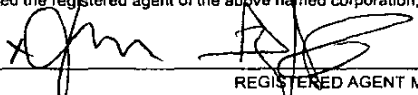
05-05

4. Date Incorporated or Qualified To Do Business in Florida 4/23/02	
5. FEI Number 04-3651159	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Jesus Izquierdo	
Street Address (P.O. Box Number is Not Acceptable) 3655 WEST 16 AVE	
Suite, Apt. #, Etc. #27	
City HIALEAH	State FL
Zip Code 33012	

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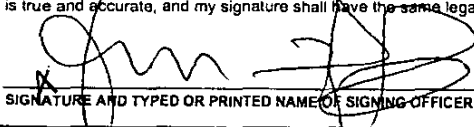
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 4-11-05

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
D	Jesus Izquierdo	12691 NW 9 Way	Miami, Fl 33182
D	Jorge Herrera	17830 NW 66 CT	Miami, Fl 33015

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 4/11/05 Daytime Phone #

CR2E001 (01/05)

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J AND J PRODUCTS HOME FURNITURE CORP.
3655 WEST 16TH AVENUE # 27
HIALEAH, FL. 33012

Miami Florida

April 11th 2004

Florida Department of State
Division of Corporation.
P. O. Box 6327
Tallahassee, Fl. 32314

Re: 2004 Uniform Business Report
Corporate #P02000044006

J AND J PRODUCTS HOME FURNITURE CORP.

Dear Sir;

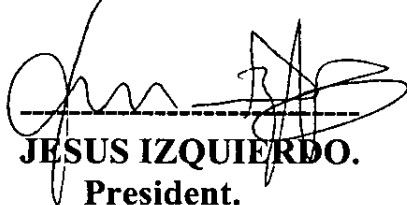
Enclosed please find 2004 UNIFORM BUSINESS REPORT for the annual Corporate Report. Enclosed is my ck. # for the amount of \$450.00 to paid the above Annual fee and for each year from 2003, 2004, and 2005.

Please accept this payment, because we do not received any documentation for the annual report in those year from the State of Florida Division of Corporation. Also Please note that we change our address.
(My accountant download this year the annual report, because I do not have computer.)

- If you need any more information please do not hesitate to contact me.

Sincerely yours,

J AND J PRODUCTS HOME FURNITURE CORP.


JESUS IZQUIERDO.
President.