

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 22 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 02000087679

1. Corporation Name

Upholstery U.S.A., Inc.

2. Principal Office Address

1930 Shrling Road

Suite, Apt. #, etc.

City & State

Dania, FL

Zip

33004

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Same

4. Date Incorporated or Qualified
To Do Business In Florida

8-13-2002

5. FEI Number

90-0051028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee (must be
paid with this application)

7. Name and Address of Current Registered Agent

Name

Audrey Eisendorfer

Street Address (P.O. Box Number is Not Acceptable)

1930 Shrling Road

Suite, Apt. #, etc.

City

City - Dania

State
FL

Zip Code

33004

500033538145

04/22/04--01023--007 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered AgentAudrey Eisendorfer President
REGISTERED AGENT MUST SIGN

Date

4-19-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Audrey Eisendorfer	1110 Linden Street	Hollywood, FL 33021

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

Audrey Eisendorfer Pres. AUDREY EISENDOERFER

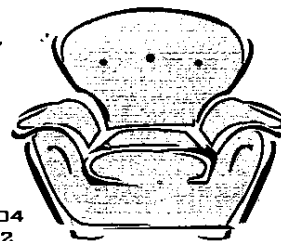
Date

4-19-2004

Daytime Phone #

954-927-4901

CHANGES (04/04)



1930 STIRLING ROAD, DANIA, FLORIDA 33004
PH: 954.927.4901 FAX: 954.927.4912

NEW UPHOLSTERED FURNITURE • REUPHOLSTERY
FABRICS, DRAPERIES, & WINDOW TREATMENTS

April 19, 2004

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

RE: Corporate Reinstatement

To Whom It May Concern:

Please accept the enclosed corporate reinstatement form along with a check in the amount of \$300.00 for the past two annual report filing fees. Our accountant has just brought it to our attention that our corporate entity was automatically dissolved due to the failure to file an annual report. We had filed an address change over a year and a half ago with your office; however, it seems that it was never processed properly. As such, we have never received any information or notices that the annual reports were due. Therefore, due to the inadvertent errors caused by your office, please accept the enclosed fee and waive the additional restatement fee.

Feel free to call me if you have any questions.

Very truly yours,

A handwritten signature in cursive script that reads 'Audrey B. Eisdorfer, President'.

Audrey B. Eisdorfer, President