

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 15 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P-0300001956

1. Corporation Name

FCT FURNITURE, INC.

2. Principal Office Address

2806 N.W. 112 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Doral FL

City & State

Zip

33172

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/07/03

5. FEI Number

80-0053480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

04-00

7. Name and Address of Current Registered Agent

Name

LINDSAY DUNKLEY

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

14100 Palmetto CRT RD.

Suite, Apt. #, Etc.

#201

City

miami lakes

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/12/06

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
P	FRANK J. LORENZO	310 N.W. 130 AVE.	Miami, FL 33182

400077159294  
07/07/08--01052--002 \*450 00

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 contained in Chapter 119, 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

6/12/06 (305) 821-6237

Daytime Phone #

K Eckel JUN 15 2006

2/2

June 12, 2006

FCJ Furniture, Inc.  
2806 NW 112 Ave  
Miami, Fl. 33172

Department of State  
Division of Corporation

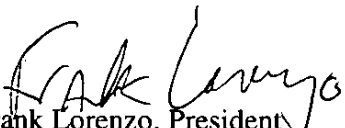
Dear Agent:

Please note we never received the first notification from the state of Florida concerning our annual report.

Please except our check in the amount of \$ 450.00 as payment for the annual report.

Thank you in advance to this matter, if you have any questions please call at 305-821-6232 and speak to Mr. Lindsay Dunkley.

Sincerely,

  
Frank Lorenzo, President