


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000055389	
1. Entity Name 3M FURNITURE, INC.	

FILED  
06 JUL 14 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12193 NW 7 AVE N MIAMI, FL 33168	Mailing Address 12193 NW 7 AVE N MIAMI, FL 33168
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2. Principal Place of Business	3. Mailing Address 12193 NW 7 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

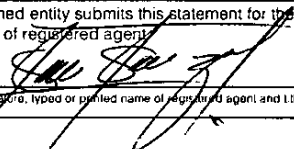
City & State North Miami	City & State North Miami
Zip 33168	Country MIAMI, DOR



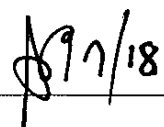
06302006 REIN-P... CR2E098 (11/05) 05-06

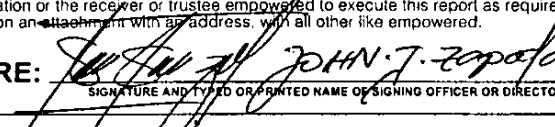
4. FEI Number 20-1131634	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAPATA, JOHN J 12193 NW 7 AVE N MIAMI, FL 33168	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 07/08/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607-193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAPATA, JOHN J 12193 NW 7 AVE N MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000077727750 07/19/06--01045--024 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZAPATA, MONICA 12193 NW 7 AVE N MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000077727750 07/19/06--01045--025 ***8.74
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 07-8/06 (786) 317-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	