2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000145730

3884 NW 3RD STREET

MIAMI, FL 33126 US

Address: City-St-Zip:

Entity Name: QUALITY UPHOLSTERY DESIGN, INC.

FILED Oct 24, 2007 Secretary of State

Littly Nan	ile. QUALITI	OFFICESTERT DESIGN, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1905 NW 2 WAREHOL MIAMI, FL	JSE				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1820 NW 18TH STREET MIAMI, FL 33125		P.O. BOX 10802 MIAMI, FL 33101			
FEI Number:	13-7692287	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MONTES, 1820 NW 1 MIAMI, FL	8TH STREET				
The above in the State		ubmits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: DIANA M.	MONTES			
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MONTES, DIANA 1820 NW 18TH MIAMI,, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () MONTES, DIANA 1820 NW 18TH MIAMI,, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () MONTES, RHIN	Delete 4	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RHINA MONTES VP 10/24/2007