## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|--|--|
| CORPORATION REINSTATEMENT   | FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State  DIVISION OF CORPORATIONS | FILED<br>00 MAR 23 PM 12: 37   |
| DOCUMENT # P 93 C<br>1. Corporation Name  | 000 44200  | SECRETARY OF STATE TALLAHASSEE. FLORIDA  |
| Futon Fas   | hions, Inc   |  |
| 2. Principal Office Address 4949 Fourth SAM   | 3. Mailing Office Address 4949 Fourth St 14  | denaictaterrent (1777  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  | 4. Date Incorporated or Qualified To Do Business in Florida  |
| City & State  | City & State   | 6/26/93  |
| St. Pekisburg, FL   | St. Petersong FL   | 5. FEI Number Applied For Not Applicable   |
| Zip Country C   | Zip Country  | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required   |
| 33703 USA   | 33703 USA  | tor a certificate of status  |
| \   | 7. Name and Address of Current Registere   | 3000031956334-4  |
| Name Heid:  | Huebscher  | -04/04/0001082 <b>0</b> 11   |
| Street Address (P.O. Box Number is N  |  | ***1 <u>208.75</u> ***120 <mark>8.75</mark>  |
| 4567  | Winners (r.  |  |
| Suite, Apt. #, Etc. # 182   | 4  |  |
| city  | so/a   | State Zip Code<br>FL 34238   |
| 8. I, being appointed the registered agent of the abo   | ve named corporation, am familiar with and accept the ob                                   | ligations of section 607.0505 or 617.0503, F.S.  |
| Signature of Registered Agent   | Huebscher<br>Gistered agent must sign  |  |
| 9. Names and Street Addresses of Each Officer and   | l/or Director (Florida nonprofit corporations must list at lea                             | ist 3 directors)   |
| Titles Name of Officers and/or Directors  | Street Address of Each<br>Officer and/or Director  | City / State / Zip   |
| Plv Heid: Hueb  | scher 4567 Winner Cr   | #1924 Sorasota FL 34238  |
|   |  |  |
| M Jerry Hoffma  | in 186 22ml Ale  | N St. Pek FL 3370  |
|   |  |  |
|   |  | 129  |
| this reinstatement application, the reason for dissowed by the corporation have been paid and the | olution has been eliminated, the corporate name satisfies                                  | ovided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees in exemption under section 119.07(3)(i), F.S. The information indicated oath. |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR