

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 15 PH 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # pg3000083531
1. Corporation Name Milano Upholstery Corp.

2. Principal Office Address <u>6309 NE 1st PL NO 2</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>same</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State	
Zip <u>33138</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: filed: 11/29/93
effective: 11/23/93

5. FEI Number 05-0453287

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Norberto O. Ortega

Street Address (P.O. Box Number is Not Acceptable) 6309 NE 1st PL NO 2

Suite, Apt. #, Etc.

City Miami State FL Zip Code 33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 04/13/05

REGISTERED AGENT MUST SIGN

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
<u>D</u>	<u>Norberto O. Ortega</u>	<u>6309 NE 1st PL NO 2</u>	<u>Miami, FL 33138-3005</u>

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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] Date 4/13/05 Daytime Phone # 305 758-8590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (01/05)