A Tear Here A PLEASE READ ALL IN		r Here 🛦 BEFOR	RE C	OMPLETING	THIS FORM.	▲ Tear Here ▲	
APPLICATION FORIDA DEPARTMENT OF STATE Jim Smith Secretary of State					O NOT WRITE IN THIS SE		
REINSTATEMENT DIVISION OF CORPORATIONS				FILED			
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State				97 SEP 26 PM 3: 05			
1. Name and Malling Address of Corporation: DOCUMENT # P94,0000 76292				2. If Address in Block the populary STATE the correct address below: TALLAHASSEE, FLORIDA			
IMPORT ORIENTAL Rug GALLERY, INC.				210 UNINESSIE M STC 50Z			
116 N FERRE Huy DEER hold Bouch, FC.				COAAL SPKINGS & 3307/			
Donheld Bouch, &.			If Principle Office Address is different from mailing address, enter address below:				
			210 UNIVERSITY DR STE 502				
			City and State Zip Code CAAL SIRINGS, F. 33071				
To Do Rusinosa la Elevido	Number 5. 0529627		+	Number Applied For	6. \$8.75 Ad for a Ce	ditional Fee regulred rtificate of Status	
7. Names and Street Addresses of Each Officer and/or Director				Number Not Applicable	CERTIFICATE OF	STATUS DESIRED	
Title(s) Name of Officers and/or Directors	Stre Off	eet Address o	f Each		City / Sta	ate / Zip	
P BERNAM BAG heri 210 UNIVERSITY DR STE 502 CORAL SPRINGS, FL 330 CORAL SPRINGS, FL 330						FL 33071	
	CORAL SP	Kings,	Fe_				
					3000023064634 -09/29/9701139013 ****550.00 *****550.00		
					***************************************	***************************************	
/ REGISTERED AGENT INFORMAT	TION	9. Name		If changed, new re	egistered agent / office		
8. Name and Address of Curront Registered Agent			BE	HNAM 2	BAGHERI	·	
BOLNAM BAGINERI			Street Address (Do NOT Use P.O. Box Number)				
			310 NN/VERS : 15 DR STC 502 Street Address (Do NOT Use P.O. Box Number)				
City				. SPO. n. c	State	Zip	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Registered Agent A REGISTERE	AGENT MUST SIGN			Date	9/2	5/97	
11. If this corporation is a non-profit wi	ith I.R.S. 501(c)(3) tax ex	xemp	ot status, check	k this box	(See other side for additional information.)	
 Does this corporation pay any interpretation pay any interpretation. Dept. of Revenue under S. 199.0 	angible tax to the 32, Florida Statu	e utes. Y	/es [□ No 📶		e for information gible tax.)	
13. I certify that I am an officer or director or the receiver or trus this reinstatement application the reason for dissolution has fees owed by the corporation have been paid. The informa under oath.	s been eliminated, the com	amen aterni	catisties	the requirements of cou	ction 607 0401 or 617.	DAMA E.C. and that all 1	
Signature of Officer or Director X	fa = 0:	ate 9 /3	15/	97 Daytime Pho	one # 954-34	6. 7288	
Typod or printed name of circular afficiency or dispoter. Bestula of Ana Lati							