## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT  DOCUMENT #  1. Corporation Name BURNSTOD INTERIORS 51048 SW 14209 F	Secretary of State DIVISION OF CORPORATIONS  CUMENT #  PG 5000 12 8 4 9			70008715757 12/27/02-01046-006 **150.08			
2. Principal Office Address 548 (SU) 1470 Am	3. Mailing Office Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<u> </u>			,	
City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida				
Ft lauderdale, 72	Only it State		5. FEI Numb		20 20	Applied For	
2ip Country 33333	Zip	Country	6. CERTIFICAT	E OF STATUS DE		Not Applicable	
0000   (20H)	7. Name and A	ddress of Current Register			for a (	Certificate of Status	
Name  An Oclo Taylor  Street Address (P.O. Box Number is Net Acceptable)  Suite, Apt. #, Etc.  City  Ft. 33330							
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 of Registered Agent Date 1212310 2							
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 / Z	ip	
P Dana Burnsto	ad 5648	SWILLING A	18 R3	F+ Las	udo xdalo	2. F. 3530	
VP Sally Burns	stad 364;	8 SW 1422	Ave	Fta	uderda () e	2, FL 35330 2, FL 35330	
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytine Phone #							

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## BURNSTAD

December 23, 2002

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Reinstatement of Corporation

To whom it may concern:

I am writing in regards to the recent dissolution of our corporation. I did not receive any of the paperwork for the annual renewal of our corporation. I apologize for any inconvenience that this may cause to your office but I have just learned of this dissolution by information I received from Dun & Bradstreet.

I went on to the Sunbiz sight today and have spoken with several representatives about this matter. I am sending off the paperwork immediately that I was told was needed to reinstate it as well as the letter from our company making you aware of the reason our paperwork was not completed when it should have been.

Regards,

Dana Burnstad President