


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 12 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021572	
1. Entity Name "ALL" UPHOLSTERY, INC.	

Principal Place of Business 3870 HWY 441 SOUTH OKEECHOBEE, FL 34974	Mailing Address 3870 HWY 441 SOUTH OKEECHOBEE, FL 34974 FLORIDA 33857
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REINSTATEMENT *06-07*



2. Principal Place of Business 3169 Hwy 441 SE Suite, Apt. #, etc.	3. Mailing Address 964 CR 721 #29 Suite, Apt. #, etc. #29
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11132006 REIN-P CR2E098 (11/05)

City & State Okeechobee FL	City & State FLORIDA FL
Zip 34974	Country USA
Zip 33857	Country USA

4. FEI Number 65-0603978	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAY, SHARON 3870 HWY 441 SOUTH EAST OKEECHOBEE, FL 34974	
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7. Name and Address of New Registered Agent Name Sharon Ray Street Address (P.O. Box Number is Not Acceptable) 964 CR 721 #29 City LORIDA FL Zip Code 33857	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <i>Sharon M Ray</i> Signature, typed or printed name of registered agent and not applicable.	Sharon M Ray (NOTE: Registered Agent signature required when reinstating)	2/21/07 DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	Did not receive until Feb 20 2007
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, SHARON M 964 CR 721 STE. 29 LORIDA, FL 33857 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300093253713 03/16/07--01015--003 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300093253713 03/16/07--01015--004 ***8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>pc 3/12</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Sharon M Ray</i>	
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