HIGH QUALITY FURNITURE CORP. 650736380

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY -6 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700005556257--6
-05/17/02--01015--015
***1050.00 ***1050.00

REINSTATEMENT 00-02

DOCUMENT # P97000020216

1. Corporation Name

HIGHT QUALITY FURNITURE, CORP.

2. Principal Office Address	3. Mailing Office Address
4198 E 11tH AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State
Zip: 33013-2508 / Country: MIAMI-DADE	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/05/1997

5. FEI Number: 65-0736380 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GUILLERMO R. GONZALEZ

Street Address (P.O. Box Number Is Not Acceptable): 4198 E 11th AVE

Suite, Apt. #, Etc.:

City: HIALEAH | State: FL | Zip Code: 33013-2508

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 _____ REGISTERED AGENT MUST SIGN Date 04/30/2002

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
P	GUILLERMO R. GONZALEZ	10089 SW 26 ST	MIAMI, FL 33165
VP	MARITZA L. GONZALEZ	10089 SW 26 ST	MIAMI, FL 33165

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: _____ 04/30/02 305-687-6696

CR2E081 (9/00)