

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

PKal

00 OCT 26 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000048415**

1. Corporation Name

EURO DESIGN QUALITY FURNITURE, INC.

Principal Place of Business

Mailing Address

4491 S.W. 75TH AVE.
MIAMI FL 33155

4491 S.W. 75TH AVE.
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0759127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HUBER, KARL	4491 S.W. 75TH AVE.	MIAMI FL 33155

3000003465253--4

-11/15/00--01121--001

****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUBER, KARL
4491 S.W. 75TH AVE.
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

23 Oct 2000

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

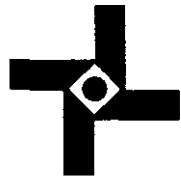
SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

23 Oct 2000



**EURO DESIGN
QUALITY FURNITURE**

"Der Tischler Macht's Persönlich"
4491 S.W. 75 Ave. • Miami, FL 33155
Tel & Fax: (305) 261-8575

FAX 305 2648817

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To whom it may concern!

Dear Sir/Madam

As an officer of EuroDesign
Quality Furniture Inc. I honestly
state that for the year 2000

I have not received my bill to pay

I sincerely ask you to keep my
company reinstated

yours
Karl Huber
R. J. H.