PLEASE READ	ALL INSTRUC	TIONS BEFORE	COMPLET	ING THIS FORM.							
APPINCATION DOR		PART MENT OF STATE Compared to the compared t			•						
DOCUMENT # P9800000 2730 1. Corporation Name Floor line Furnishings, Inc.			FILED 99 SEP 13 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
						Principal Place of Business	Mailing Address		-		
						8235 NW 64+6 St.					
Bay No. 3 Miami, FL 33166											
Miami, FC 33166 If above addresses are incorrect in any way, line th	rough incorrect information	on and enter correction below.									
2. New Principal Office Address, If Applicable 3. New Mailing O		e Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida [- 12 - 9 8								
Suite, Apt. #, etc. Suite, Apt. #			5. FEI Numbe		¥ Applied For						
Bay No. 3 City & State Miami, FL	City & State]		Not Applicable						
33166 Country USA	Zip	Country	- 6. CERTIFICATI		Additional Fee required Certificate of Status						
7. Names and Street Addresses of Each Officer and	/or Director (Florida non	profit corporations must list at le	ast 3 directors)								
Title(s) Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo (Do NOT Use Post Office Box	r	City / State	/ Zip							
PD PAAU K. Maraan		.35 NW 64th		Miami FL	22111						
	Bo	ry No. 3		MILWIT, FL	33186						
			6	00002969; -09/17/990; ****550.00	206-0 1002-025 ****550.00						
					SP						
8. Name and Address of Current	Registered Agent	Name	9. Name and A	Address of New Registered Age							
Anky K. Morgan			P.O. Box Number	in high Apparatohia	SCAN (198						
Bry No. 3 Suite, Apt. #, Etc. Miami, F. 33166 City			: _ 								
111 a m. , 12 22100		City		State Z	ip Code						
10. I, being appointed the registered agent of the abording the appointment of Registered Agent.	· 	·	bligations of Section	on 607.0505, F.S. Date <u>9-9-99</u>							
11. Does this corporation pay a Dept. of Revenue under S.	any intangible to 199.032, Floric	ax to the	⊠ No[(See other side lo on intangibl							
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolved by the corporation have been paid and the roon this application is true and accurate, and my significant.	llution has been eliminate names of individuals listed	ed, the corporate name satisfies d on this form do not qualify for	the requirements of an exemption und	of section 607.0401 or 617.0401,	F.S. that all fees						