

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

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

DOCUMENT # P98000030204

1. Corporation Name
FLORIDA FURNITURE PACKAGES INC.

2. Principal Office Address
106 HARNESS LN
Suite, Apt. #, etc.

3. Mailing Office Address
2802 N. ORANGE
Suite, Apt. #, etc.
BLOSSOM TRAIL

City & State
KISSIMMEE FL

City & State
KISSIMMEE

Zip
34743

Country
U.S.A.

Zip
34744

Country
U.S.A.

FILED
01 NOV -5 PM 4:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-11/19/01--01066--003
****200.75 ****200.75

4. Date Incorporated or Qualified To Do Business in Florida 3-19-98

5. FEI Number 59-2534734 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent NEW AGENT.

Name HIPOLITO LOPPERENA

Street Address (P.O. Box Number is Not Acceptable) 106 HARNESS LANE

Suite, Apt. #, Etc.

City KISSIMMEE

State FL Zip Code 34743

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]

Date 10/18/01

REGISTERED AGENT MUST SIGN

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
Pres	HIPOLITO LOPPERENA	106 HARNESS LN	KISSIMMEE FL 34744

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: [Signature] HIPOLITO LOPPERENA

Date 9/17/01

Daytime Phone # 407-944-4112

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FLORIDA FURNITURE PKGS., INC.
2802 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744
Ph. # 877-944-4112 FAX 407-944-4118

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, FL 32399

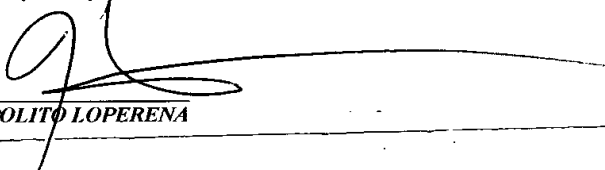
ATT: Corporation Reinstatement Dept.

Dear Sir/Madam:

Enclosed please find Reinstatement form along with two money orders totaling \$458.75, please note that a Certificate of Status is desired

I am requesting relief from penalties due to documents not being filed. My store manager PENELOPE MONTES failed to fulfill her duties and I am now in the process of putting the pieces together, Please help me.

Thank you very much,


HIPOLITO LOPERENA