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PLEASE READ A APPLICATION FOR	LL INSTRUCTIONS BEFORE C FLORIDA DEPARTMÉNT GF STATE Sandra B. Mortham Secretary of State			FILED				
EINSTATEMENT DIVISION OF CORPORATIONS				1 ILLD				
DOCUMENT # P98000048080			00 DEC -6 AM 10: 47					
1. Corporation Name			•	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Furniture Plus of North America, Inc.								
Principal Place of Business	, Mailing Addre	ss			. '			
c/o Michael A. Silva, Esq. c/o Michael S. Biscayne Blvd. 201 S. Suite 1500 Suite 1 Miami, FL 33131 Miami,		FL 33131						
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				Date Incorporated or Qualified				
5889 Airport Road	rport Road		To Do Business in Florida 5/29/98					
Suite #204	04		5. FEI Number	1 7747				
City & State Port Orange, FL	ange FL		6508385	93	SR 75 Addit	Not Applicable		
Zip 32124Country USAZip 32124Country USA				<u> </u>	OF STATUS DESIRED		ificate of Status	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit co Name of Officers			et Address of Each	ss of Each				
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box N		lumbers)	City / State / Zip				
D/P Tyrone D'Arville_	1520 A North Gale Blvd.			Sarasota, FL 34234				
COO/VP T/S Michael J. Creswell	5889 Airport Road, Suite 204			Port Orange, FL 32124				
			2000034969020					
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			K Arsaca	6 1		. 0 23		
								
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent Name					
Corporation Company of Miami 201 S. Biscayne Blvd. 1600 Miami Center			Palmetto Charter Services 196 Street Address (P.O. Box Number is Not Acceptable) 150 Magnolia Ave.					
Miami, FL 33131			Suite, Apt. #, Etc	i.		_		
			Daytona Beach State Zip Code 32114					
10. I, being appointed the registered agent ob he abo	ve named corpo	ration, am familiar w	th and accept the c	bligations of Secti	on 607.0505, F.S.	1-1	•	
Signature of Registered Agent	GISTERED AG	ENT MUST SIGN	V.P.	· ·	Date /2/	5/00	<u> </u>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)								
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my significant	dution has been names of individ	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607,0401 of	617.0401, F.S	s., that all lees	

SIGNATURE AND TYPED OR PRIMED AME OF SIGNING OFFICER OR DIRECTOR

Tyrone D'Arvilla Dracia

Tyrone D'Arville, President

SIGNATURE:

701.

Daytime Phone #