

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
04 FEB -5 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P98000000152

**1. Corporation Name**  
ORSON FURNITURE & ANTIQUES, INC.

<b>2. Principal Office Address</b> 6938 NE 4TH AVE		<b>3. Mailing Office Address</b> 6686 ROXBURY LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI BEACH FL	
<b>Zip</b> 33138	<b>Country</b> USA	<b>Zip</b> 33141	<b>Country</b> USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified To Do Business in Florida** 12/02/1998

<b>5. FEI Number</b> 650878647	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** AMERILAWYER

**Street Address (P.O. Box Number is Not Acceptable)** 343 ALMERIA AVENUE

**Suite, Apt. #, Etc.**

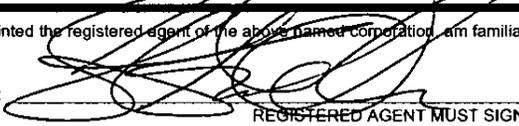
**City** CORAL GABLES

**State** FL **Zip Code** 33134

300028310293  
02/05/04--01066--013 \*\*300.00

300028310293  
02/05/04--01066--014 \*\*17.50

**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.**

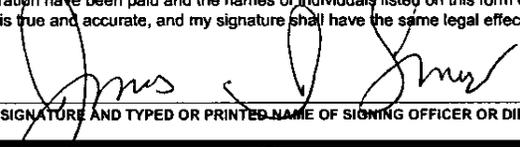
**Signature of Registered Agent**  **Date** February 2, 2004

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
PSD	ORAHAM, STEVE K	6686 ROXBURY LANE	MIAMI BEACH FL 33141
VTD	SAMSON, JAMES I	6686 ROXBURY LANE	MIAMI BEACH FL 33141

**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:**  **JAMES I SAMSON** **Date** 2/2/04 **Daytime Phone #** 305 8610920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

2/2/04

To whom it may concern:

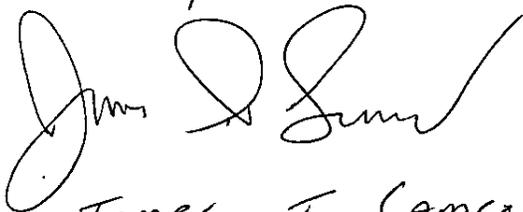
ENCLOSED PLEASE FIND THE FORM FOR "CORP. REINSTATEMENT"  
AND THE FEES.

DUE TO CHANGES IN ADDRESSES, NO INVOICE HAD BEEN  
RECEIVED AND I FOOLISHLY FORGOT TO CALL AND REQUEST IT.

I HAVE CONTACTED YOUR OFFICE BY EMAIL AND PHONE,  
(SPOKE w/ ROB)  
AND WAS INSTRUCTED TO ~~SEND~~ SEND THIS LETTER  
TO THIS EFFECT + the ENCLOSED fees.

Thank you for your ASSISTANCE AND HELP IN THIS MATTER.

Sincerely,



JAMES I. SAMSON / VP

ORSON FURNITURE + ANTIQUES INC.

305 861-0920