

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000100152

1. Corporation Name

ORSON FURNITURE & ANTIQUES, INC.

2. Principal Office Address

6938 NE 4TH AVE

3. Mailing Office Address

6686 ROXBURY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI BEACH FL

Zip

33138

Country

USA

Zip

33141

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/02/1998

5. FEI Number

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

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

REGISTERED AGENT MUST SIGN

Date FEBRUARY 2, 2004

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES I SAMSON 2/2/04 305 861 0920

CR2E081 (10/02)

2/2/04

TO WHOM IT MAY CONCERN:

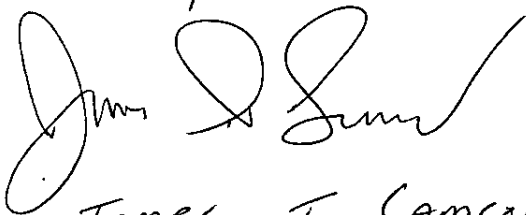
ENCLOSED PLEASE FIND THE FORM FOR "CORP. REINSTATEMENT"
AND THE FEES.

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