

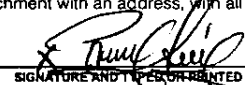


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000011267 1. Entity Name ROGER'S CUSTOM UPHOLSTERY INC.						FILED 06 JAN 18 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7513 N.W. 8TH STREET MIAMI, FL 33126				Mailing Address 7513 N.W. 8TH STREET MIAMI, FL 33126			
2. Principal Place of Business 1932 NW 79 Ave. Suite, Apt. #, etc.				3. Mailing Address 1932 NW 79 Ave Suite, Apt. #, etc.			
City & State MIAMI, FL				City & State MIAMI, FL			
Zip 33126		Country		Zip 33126		Country	
4. FEI Number 65-0897384				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANCHEZ, ROGER 7513 N.W. 8TH STREET MIAMI, FL 33126				7. Name and Address of New Registered Agent Name SANCHEZ, ROGER Street Address (P.O. Box Number is Not Acceptable) 1932 NW 79th Ave. City MIAMI FL Zip Code 33126			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$300.00 ✓				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME SANCHEZ, ROGER STREET ADDRESS 7513 N.W. 8TH STREET 1932 NW 79 AVE. CITY-ST-ZIP MIAMI, FL 33126				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ISMARY SANCHEZ. STREET ADDRESS 1932 NW 79 AVE. CITY-ST-ZIP MIAMI, FL 33126			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 							
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

REINSTATEMENT 05-06
CR2E098 (1/05)

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