## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # P99000015478

1. Corporation Name

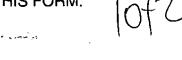
N.D.J. FURNITURE, INC.

Principal Place of Business

Mailing Address

13263 65 NW FAVE MIAMI FL 33168 13263 65 NW FAVE

MIAMI FL 33168



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SECRETARY OF STATE
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.							620	ک
2. New Principal Office Address, If Applicable	ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     02/17/1999				
Suite, Apt. #, etc. Suite, Apt. #, etc.			· .		5. FEI Number 65-0894959		Applied For	
City & State  MIAMI FL  City & State		MIAMI FL			6.		Not Applical	
Zip 33169 Country DADE	Zij 33/	68	Country AD	6		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of State	
7. Names and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit	corporations must	list at lea	ast 3 directors)			
tle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip		
PSTD JIRON, NESTOR D	) JIRON, NESTOR D		1541 W 2ND AVE			HIALEAH FL 33010		
MANAGER CUMDRH MARTHA		15802 NW 79E			T	MIATIN LAKES PL33016		
					01/23/	00105 <b>65</b> 030103200	5826 2 ***300.00	
					<del></del>			
8. Name and Address of Current Registered Agent					9. Name and A	ddress of New Regist	ered Agent	$\dashv$
JIRON, NESTOR D 1541 W 2ND AVE HIALEAH FL 33010			Suite, A		ON NESTOR O. Box Number is Not Acceptable) 2 NW 79 ET			
			City	1119	MI LA	KES_	FL 33016	
10. I, being appointed the registered agent of the about	ove named corpo	ration, am far	miliar with and acc	ept the ob	oligations of Section	on 607.0535, F.S. or 61	7.0505, F.S.	ļ
riogistered rigerit	EGISTERED AG		QUIRE	ED_		Date	**************************************	_}

11. 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

01-09-03 (305) 688-8030

Daytime Phone #

20f2

To:Division of Corporations

Att. Barbara Mitchel

From: NDJ Furniture

13263 NW 7thAvenue

N. Miami Fl 33168

Date: 01-14-03

Subj:Late fee

According our conversation by phone I'm sending a package that we received on January 2003 and we never received any report 2002 Please waived our late fee.

We appreciate your cooperation

Thank you,

Martha Cuadra

meudolo

General Manager