

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:43

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P99000062935

1. Corporation Name

FURNITURE RENTAL CLEARANCE CENTER, INC.

Principal Place of Business

241 OCEANIC AVENUE
 LAUDERDALE BY THE SEA FL 33308

Mailing Address

241 OCEANIC AVENUE
 LAUDERDALE BY THE SEA FL 33308

- 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

4. Date Incorporated or Qualified To Do Business in Florida

07/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0936540

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SALA, SUSANA	241 OCEAN AVENUE	LAUDERDALE BY THE SEA FL 33308

700008835727
 11/06/02--01121--013 **150.00

8. Name and Address of Current Registered Agent

SALA, SUSANA
 241 OCEANIC AVENUE
 LAUDERDALE BY THE SEA FL 33308

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent


 REGISTERED AGENT MUST SIGN

Date 11-01-02

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

SUSANA G. SALA # 954

11-01-02 Daytime Phone # 409-795

CR2040 (8/02)

FRANK R. FUSCO

CERTIFIED PUBLIC ACCOUNTANT

5278 NE 6th Avenue 19L
Ft Lauderdale, FL 33334
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November 2, 2002

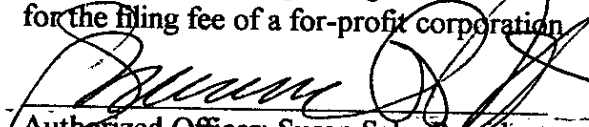
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Furniture Rental Clearance Center, Inc.
241 Oceanic Avenue
Lauderdale by the Sea, FL 33308-3507
FEI 65-0936540


Secretary of State:

The above client received the "Notice of Administrative Dissolution or Revocation", and did not understand as she had submitted the original annual renewal with the appropriate fee. We had to contact the bank to obtain checking records to ascertain if the check had cleared. From the banks records, the check originally issued for \$150.00 did not clear the bank and thus we must assume that the renewal was lost in the mail.

The following is the signature of the authorized officer of the corporation stating that the above facts are true and requesting reinstatement. Enclosed is a new check for the amount of \$150.00 for the filing fee of a for-profit corporation.

 11-02-02
Authorized Officer: Susan Sala, President Dated

If there are any questions regarding this request, please do not hesitate to contact either my office or the Registered Agent.


Frank R. Fusco, CPA
Encl