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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

API	PLICATION	FLORID	FLORIDA DEPARTMENT OF STATE				DO NOT WHITE IN THIS S	PACE	
FOR		Jim Smith Secretary of Sta				FILED			
REINSTATEMENT		DI	DIVISION OF CORPORATIONS						
-	Read Instructions on Other Make Check Payable T	98 MAR 17 PM 4: 02							
A Name and Malling Address of Consulting DOCLIMENT #						2. If Address in Block 1SECREPTARY 12 STATE accorded address below: TALLAHASSEE. FLORIDA			
Kendale Futon, Inc. 513078 107 S. Dale Mabry Highway						Address			
Ta mpa, FL 33609						City and State		Zip Code	
DEIMOTATERATA M					_	If Principle Office Address is different from mailing address, enter address below:			
					98.	Address		<u> </u>	
REINSTATEMENT 97.98						City and State Zip Code			
Date Incorporated or Qualified To Do Business In Florida 5.		5. FEI Numb	er		FEI	Number Applied For		dditional Fee required ertificate of Status	
	8/12/91	91673	FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED				STATUS DESIRED		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each									
Title(s)	2 3 (Do NOT			Ifficer and/or Director Jse Post Office Box Numbers)			City / State / Zip		
מ	l Heini Huenscher			eenwieh-Brive Tampå;-Ft33647- nners Circle #1824 Sarasota, FL 3423					
						000	0002461	4505	
							****750.00		
						000	1002461 -03/19/98- ****150.00		
REGISTERED AGENT INFORMATION				9.		If changed, new	registered agent / office	9	
8. Name and Address of Current Registered Agent					Name HEIDI HUEBSCHER				
					Street Address (Do NOT Use P.O. Box Number) 4567 Winners Circle, #1824				
Heidi Huebscher 6211 Greenwich Drive				Street Address (Do NOT Use P.O. Box Number)					
	Tampa, FL 33647	City State Zip Sarasota FL 34238							
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.									
Signature of Registered Agent Date 12/8/97 REGISTERED AGENT MUST SIGN Date 12/8/97									
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)									
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for Information on intangible tax.)									
13. 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 filling 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Hude Stubsenes Date 12/8/97 Daytime Phone # 941-925-7005									

Typed or printed name of signing officer or director. Haidi Hueb Schev