PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 NOV 21 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32336

1. Corporation Name ABRAHAM FURNITURE REFINISHING ANTIQUE RESTORATION CORPORATION

2. Principal Office Address		3. Mailing Office Address	
3681 N.W 37 PL.		7800 West 29 way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #102	
MIAMI, FLA.		Hialeah	
City & State		City & State	
		Hialeah	
Zip 33142	Country U.S.A.	Zip 33018	Country USA.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0331731 — 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: Luis Lujo

Street Address (P.O. Box Number is Not Acceptable): 7800 West 29 way

Suite, Apt. #, Etc.: #102.

City: Hialeah — State: FL — Zip Code: 33018

REINSTATEMENT 93.00

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.

REGISTERED AGENT MUST SIGN — Date 11-16-2000

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
P	Luis Lujo	7800 West 29 way	#102, Hialeah, Fla. 33018

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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 11-16-00 — Daytime Phone # 305-637-7777