

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE 97 JUN 10 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JUN 10 PM 12:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>V62006</u>					
1. Corporation Name <u>A C Chair + Table Rental, Inc</u>					
Principal Place of Business <u>16200 NW 39 PL</u> <u>Miami, FL 33054</u>		Mailing Address <u>16200 NW 39 PL</u> <u>Miami, FL 33054</u>			
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 <u>9-8-92</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0353744</u>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
OPS	Altamae Cox	16200 NW 39 PL	Miami, FL 33054		
DV	Wayne Cox	16200 NW 39 PL	Miami, FL 33054		
			400002216484--8 -06/18/97--01114--003 ****165.00 ****165.00		
			6-12-97		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Altamae Cox 16200 NW 39 PL Miami, FL 33054			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> 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.					
Signature of Registered Agent <u>Altamae Cox</u>			Date <u>6-8-97</u>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>Altamae Cox</u>			Date <u>6-8-97</u> 3056200088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		