


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV -1 PM 2:35

DOCUMENT # **P98000096832**

1. Corporation Name
CONTRACT FURNITURE INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
4710 RIDGECLIFF DRIVE BRANDON FL 33511	4710 RIDGECLIFF DRIVE BRANDON FL 33511



REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	11/13/1998
5. FEI Number	59-3542266
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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	4 City / State / Zip
D	VEGENSKI, DARLA R	4710 RIDGECLIFF DRIVE	BRANDON FL 33511
D	VEGENSKI, MICHAEL J	4710 RIDGECLIFF DRIVE	BRANDON FL 33511
			500004696085--7 -11/28/01--01012--011 ***750.00 ***750.00
			Am 11/21

8. Name and Address of Current Registered Agent

DECORT, DONALD P
HOLCOMB & DECORT, P.A.
 415 SOUTH HYDE PARK AVENUE
 TAMPA FL 33606

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.

Signature of Registered Agent *Don Decort Esq.* Date 10-31-01
 REGISTERED AGENT MUST SIGN

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: *Darla Vegenski* **DARLA VEGENSKI** Date 10/30/01 Daytime Phone # 813-643-0502
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)