PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

98-99AR

DOCUMENT # 215250

1. Corporation Name

DELSON FURNITURE Co Inc

Principal Place of Business

1550 S. DIXIE Hwy, Suite 208
CORAL GABLES, Fla 33146

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: Sept 25 1995

5. FEI Number: 650 840579 | Applied For | Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	HARRY Mendelson	1442 Corona Ave	Coral Gables Fla 33156
Sec. + Treasur	Beatrice Mendelson	1442 Corona Ave	Coral Gables, Fla 33156

YSP 2/4/99

8. Name and Address of Current Registered Agent

Roberta Anderson
10220 S.W. 126 Street
Miami, FL 33176

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

100002T0867--9
-02/10/33--01003--011
****300.00 ****300.00

CR2E081 (12/98)

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: Roberta Anderson — Date

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (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: Harry Mendelson Pres — Jan 29/99 — 305 663 1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Harry Delson *President*

United States & International
Home – Office – Contract – Furniture

DELSON FURNITURE CO. INC. ■
1550 South Dixie Highway
Coral Gables, Florida 33146
Suite 208
Telephone: (305) 663-7177
Fax: (305) 666-4885

AFFILIATES & SUBSIDIARIES ■

DELSON DESIGN INTERNATIONAL
Contract Division
1550 South Dixie Highway
Coral Gables, Florida 33146
Suite 208
Telephone: (305) 663-7177
Fax: (305) 666-4885

MELIA TRAVEL ■
Director Furniture Division

AFFILIATE FACTORIES ■
Lexington
Century
Simmon's Bedding
Indiana Desk
DFI Industries
Dan Wood
D'scan Co.
Key City Upholstery
Global Industries
Chrome Craft
J.R. Contract Woodwork
General Woodwork
Mohawk Carpet
Hickory White
Gautier
Lane
Sligh
DIA
Comfort Design

DESIGN STAFF ■
Peter Ehren
James Murphy

Feb 2/99

Florida Dept of State.
Reference to application for
Reinstatement

I have trouble getting my
mail at different occasion I
cannot receive Biz.
As discussed with you a one
time reinstatement would be
$300.

This Corporation has been
in force since 1954. and
we have never missed a
payment. Thank you

Sincerely
Harry Mendelowitz