

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 29 PH 3:19

DOCUMENT # 392758

1. Corporation Name

Scott Bower Casual Furniture Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

7890 s.w. 68th Terrace

3. Mailing Office Address

7890 s.w. 68th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl

City & State

Miami, Fl

Zip

33143

Country

U.S.

Zip

33143

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1971

5. FEI Number

591398777

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

M. Scott Bower

Street Address (P.O. Box Number is Not Acceptable)

7890 s.w. 68th Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

8. 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.

Signature of  
Registered Agent

*M. Scott Bower*

Date 4/23/03

REGISTERED AGENT MUST SIGN

9. 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
pres	M. Scott Bower	7890 s.w. 68th Terr	Miami, Fl. 33143

10. 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:

*M. Scott Bower* M Scott Bower

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

205-444-8088

Daytime Phone #

CR2001 (10/02)

9/4/03