

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96-97
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DOCUMENT # F93000005632

1. Corporation Name

INTERNATIONAL FURNITURE SERVICES, INC.

Principal Place of Business

Mailing Address

1501 E. HALLANDALE BEACH BLVD #132
HALLANDALE FL 33009

1501 E. HALLANDALE BEACH BLVD #132
HALLANDALE FL 33009

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

12/13/1993

5. FEI Number

13-3410631

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
PSD	SABBAH, GAD R	1501 E. HALLANDALE BEACH BLVD #1	HALLANDALE FL

100002116711--8
-03/18/97--01117--006
****365.00 ****365.00

3/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SABBAH, GAD R
1501 E. HALLANDALE BEACH BLVD #132
HALLANDALE FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10-27-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-96

9549276889

CR2E040 (7/96)

FAX

FILED

Date

3-12-97

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Number of pages including cover sheet /

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO:	LESLIE SELLERS
Fax #:	
Subject:	

FROM: Gad R. Sabbah
I.F.S. Inc.
1501 E. Hallandale Bch
Blvd.
Hallandale, FL 33009 USA

Email gsabbah@AOL.COM
Phone 954-455-4176
Fax Phone 954-455-9757

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

DEAR MRS SELLERS

THIS IS TO CERTIFY THAT I HAVE NEVER
RECEIVED THE 1ST NOTICE IN EARLY 1996.

I AM MAILING YOU HEREWITH A CHECK
FOR 365⁰⁰ WITH MY APPLICATION FOR
REINSTATEMENT.

VERY GRATEFUL FOR YOUR CONSIDERATION

SINCERLY YOURS

Gad R. Sabbah

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