

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



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

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

1749 E HALLANDALE BEACH BLVD  
Suite, Apt. #, etc.

City, State, Zip, etc.

City & State

City & State

Zip

Country

Zip

Country

33009

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	SABBAH, GAD R	1501 E. HALLANDALE BEACH BLVD #1 1749 E	HALLANDALE FL

200003026902--9

-10/27/99--01089--010

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SABBAH, GAD R

1749 E 1501 E. HALLANDALE BEACH BLVD #132  
HALLANDALE FL 33009

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

*Gad Sabbah*

REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-21-99

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:

*Gad Sabbah* GAD SABBAH

Date

Daytime Phone #

10-21-99 9445476

FILED

99 OCT 19 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR20040 (8/99)

INTERNATIONAL FURNITURE SERVICES  
1749 E HALLANDALE BEACH BLVD  
PMB 132 HALLANDALE FL 33009  
FEI NUMBER 13-3410631

2

TO WHOM IT MAY CONCERN

DEAR MR TYRONE.

PLEASE NOTE THAT I HAVE NEVER RECEIVED  
THE 1999 FORM AND I HEREBY REQUEST THAT  
THE PENALTY FOR LATE FILING BE WAIVED  
I AM SEMI RETIRED AND TRYING VERY  
HARD TO KEEP MY COMPANY & HOPEFULLY BE  
ABLE TO EARN A LIVING. THIS PENALTY WILL  
PUT A HARDSHIP ON ME.

I SINCERELY HOPE THAT YOU WILL  
RECONSIDER MY REQUEST.

VERY TRULY YOURS

Jack L. Lott