

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H01073**

1. Corporation Name

CORRELATED FURNITURE, INC.

Principal Place of Business

Mailing Address

12950 DANIEL DR NORTH
CLEARWATER FL 34622
US

12950 DANIEL DRIVE NORTH
CLEARWATER FL 33762
US

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.

12951 49th St. North

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33762

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1984

5. FEI Number

59-2389166

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 3	City / State / Zip 4
P	WICHLENSKI, STEVEN	12950 DANIEL DRIVE NORTH	CLEARWATER FL
ST	WICHLENSKI, ROSALIE	12950 DANIEL DR N	CLEARWATER FL 33762
		12951 49th St. N.	Clearwater, FL 33762
			8000004729258--8 -12/17/01--01085--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WICHLENSKI, STEVEN A.
12950 DANIEL DR. N.
CLEARWATER FL 34622

Name

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

12951 49th St. N

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

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

10/31/01

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 filling 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:

STEVEN A. WICHELNSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/01

Daytime Phone #

727-
572-9928

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 AM 10:42



REINSTATEMENT 01

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