

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN 23 AM 9:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J06795

1. Corporation Name

FAR EAST RATTAN FURNITURE GALLERIES, INC.

Principal Place of Business

Mailing Address

4525 N.W. 37TH AVENUE
MIAMI FL 33142

4525 N.W. 37TH AVENUE
MIAMI FL 33142

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.

1200 NW 167 Street

Suite, Apt. #, etc.

PO Box 694120

City & State

Miami, FL

City & State

Miami, FL

Zip

33169

Country

U.S.

Zip

33269

Country

U.S.

REINSTATEMENT

99-10

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1986

5. FEI Number

65-0000041

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
PSD	GLAUBER, LAWRENCE	1200 NW 167 Street 4525 N.W. 37TH AVENUE	Miami, FL 33169 MIAMI FL
D	ANDERSON, THOMAS	1200 NW 167 Street 4525 N.W. 37 AVE	Miami, FL 33169 MIAMI FL 33142
			100003312561--7 -07/05/00--01021--003 ****150.00 ****150.00
			100003312561--7 -07/05/00--01021--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M.
BARNETT MORTGAGE CENTER - SUITE 100A
8551 WEST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33322

9. Name and Address of New Registered Agent

Name

Lawrence Glauber

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

1200 NW 167 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 5/1/00

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: SIGNATURE REQUIRED Lawrence Glauber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/00

305-627-9127
Daytime Phone #

KE