

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L 36546

**1. Corporation Name**

Omni Upholstery Inc

**2. Principal Office Address**

6460 NE 2nd Ave

**3. Mailing Office Address**

6460 N E 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33138

Country

USA

Zip

33138

Country

USA

**REINSTATEMENT**

03-04

000035717590

05/06/04--01064--014 \*\*908.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12 11 1989

**5. FEI Number**

65 0163073

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

Walter Rivero

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

6460 N E 2nd Ave

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code

33138

**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

REGISTERED AGENT MUST SIGN

Date April 20, 2004

**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
D	Walter Rivero	6460 NE 2nd Ave	Miami FL 33138

**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:

Walter Rivero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2004 305 757 9552

Date

Daytime Phone #