

01-03 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JUN 26 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 60375

1. Corporation Name

FURNITURE TODAY, INC

300005666153  
07/02/03--01038--005 \*\*150.00

Due to Clerical Error  
penalty fees were waived  
06/03/02 01091 030 150w

2. Principal Office Address

14545 MILITARY TRAIL

Suite, Apt. #, etc.

#353

City & State

Delray Beach FL

Zip

33484

Country

PalM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#353

City & State

SAME

Zip

33484

Country

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FFR Number

65-03-29801

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

Robert Katz

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

4800 NW 96th DR

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/03

**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
DP	Robert Katz 4800 NW 96th DR Coral Springs FL 33076		
		01-03	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03