

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAR 21 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14180 (7)

1. Corporation Name

NEW DECOR FURNITURE, INC.

Principal Place of Business

Mailing Address

2741 N.W. 84 St
Miami, FL 33147

251 N.W. 99 St
Miami, FL 33150

REINSTATEMENT

96-97

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

4. Date Incorporated or Qualified
To Do Business in Florida
04/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2513795

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	OTNIEL LEON	695 W 28 St # 8	Hialeah, FL 33010
V/T	OVED LEON	1438 S.W. 14 St	Miami, FL 33145

900002123429--0
-03725797--01047--026
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OTNIEL LEON
695 W. 28 St. #8
Hialeah, FL 33010

Name

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

6241 Wilcox St.
Suite, Apt. #, Etc.

Hollywood, FL

33023

City

State

Zip Code

FL

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 *

Angel Amadeo

REGISTERED AGENT MUST SIGN

Date 3/19/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

OTNIEL LEON
PRESIDENT

2/11/97 (305) 693-5757
Date Daytime Phone #