

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN -9 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-08

000128346280  
05/02/08--01050--012 \*\*420.00

CR2E081 (12/07)

DOCUMENT # 1703000002878  
1. Corporation Name  
Mikey's Furniture Safety Foundation, Inc

4108000022830

2. Principal Office Address - No P.O. Box #

333 Covent Gardens PL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deltona  
Deltona Florida

City & State

Zip

32725

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Erica Pooler

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

333 Covent Gardens Place

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

4/28/08

**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
Mrs.	Erica C. Pooler <u>President</u>	333 Coventry Gardens Place	Deltona FL 32725
Mr.	Michael J. Pooler I <u>Vice President</u>	333 Coventry Gardens Place	Deltona FL 32725
Miss.	Valeria J Code-McQueen <u>Secretary</u>	305 E. First Street Apt. # 25	Sanford FL 32771
Miss.	<u>Kourtini</u> <u>Kourtini D. Rackard</u> <u>Treasurer</u>	3337 Buckland Street	Deltona FL 32725
Miss.	Turkesa C. Code <u>Chair member</u>	3436 Lake Tiny Circle	Orlando FL 32818

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 contained in Chapter 119, 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

04/28/08

Date

407 431 6775

Daytime Phone #

3.6/10