

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000013498

1. Corporation Name

STONE FURNITURE GALLERY, INC.

Principal Place of Business

4100 NORTH POWERLINE ROAD
DEERFIELD BEACH FL 33073

Mailing Address

4100 NORTH POWERLINE ROAD
DEERFIELD BEACH FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4100 NORTH POWERLINE RD

Suite, Apt. #, etc. BUILDING 'B' - Bay 4-5

City & State DEERFIELD BEACH FL

Zip 33073

Country BROWARD

3. New Mailing Office Address, If Applicable

4100 NORTH POWERLINE RD

Suite, Apt. #, etc. BUILDING 'B' - Bay 4-5

City & State DEERFIELD BEACH FL

Zip 33074

Country BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2000

5. FEI Number

65-0978933

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PST	WEISS, FRED	2301 NORTH FEDERAL HIGHWAY	POMERANO BEACH FL 33068
PST	HOWARD E. SMITH	4100 NORTH POWERLINE RD	DEERFIELD BEACH, FL 33073

500004672405--5
-11/08/01--01045--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name HOWARD E. SMITH
Street Address (P.O. Box Number is Not Acceptable) 4100 N. POWERLINE RD
Suite, Apt. #, Etc. BAY 4-5. BUILDING B
City DEERFIELD BEACH
State FL Zip Code 33073

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

REGISTERED AGENT MUST SIGN

Date

10/17/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 854-295-1746

CR2E040 (8/01)



278

10/17/01

Please note THAT I never Received
Any other notices, FOR my corporation. THE ADDRESS
IS CORRECT EXCEPT THAT IT DOES NOT HAVE OUR
BUILDING LETTER & Bay numbers. OUR BUILDING IS
BUILDING "B" - BAYS 4 & 5. THERE ARE HUNDREDS
OF BUSINESSES WITH THE SAME ADDRESS. I AM ENCBESING
A CHECK FOR \$150.-

I THANK YOU

HOWARD E SMITH