

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/26/02--01038--009
****900.00 ****900.00

DOCUMENT # P00000026217

1. Corporation Name

Outdoor City Furniture, Inc.

2. Principal Office Address

815 N.E. 4 St.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

March 14, 2000

5. FEI Number

65-0989592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Debra Forum

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

815 NE 4 St

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

Debra C. Forum

REGISTERED AGENT MUST SIGN

Date

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
P, S, T D	Debra Forum	815 NE 4 St	Ft. Laud., FL 33301

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:

Debra C. Forum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-02

Date

954-5227097

Daytime Phone #

CR2E081 (9/99)