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EOB				DEPARTMENT OF STATE Katherine Harris Secretary of State				192	
REINSTATEMENT DIVISION OF							FILED		
DOCUMENT # P0000064005						01 NOV -8 PM 7: 00			
1. Corporation Name						OI NOV -O			
SQUIRREL'S NEW & USED OFFICE FURNITURE, INC.						SECRETARY OF STATE TALLAHASSEE FLORIDA			
Principal Place of	Business	ess			1				
1411 N.W. 54771 LAUDERHILL FL	1411 N.W. 54TH TERRRACE LAUDERHILL FL 33313								
									-
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
New Principal Office Address, If Applicable New Ma			iling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/29/2000			
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc. W 19th 5			5. FEI Number - Applied For				
City & State	City & State 1 . 1		Ke 5	6510	121233	Not Applicable	ł		
Zip 2 2 2 Country 2 Zi				Country		6. CERTIFICATE	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea						ast 3 directors)			
Title(s)	Title(s) Name of Officers Street Address of Each and/or Directors Officer and/or Directors						City / State	e / Zìp	
	ROGERS, PRESTON SR.			1411-NW-S4TH TERRIPACE 3613 NW 19th Str			LAUDERHILL FL 33313		
			3613 NW 19th Str			ee.	Lauderdale La	ikes 1133311	1
STD RO	STD ROGERS, NAOMI SA.			3613 NW 19 SH			LAUDERHILL FL 33313 Lauder-dale Lakes, FL 33311		
			1000047185912						
			****150.00 ****150.00						ř
	3. Name and Address of Current R	nt			9. Name and A	ddress of New Registered Ag	ent		
ROGERS, PRESTON SR.						gers Preston SR.			
1411 N.W. 54TH TERRRACE Squ					Street Artrines /F	quirrel's New & Used Office			
LAUDERHILL FL 33313 S Furnitur						, Inc.			
c 3613 N.						W. 19th Stre	et e	Zip Code	
Lauderdale, Lakes, FL 33311 e Zip Code									
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.									
We do not not not to the second secon									
Signature of Registered Agent Registered Agent MUST SIGN REGISTERED AGENT MUST SIGN									
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 filling 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 number 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.									
	Kil				~		1 (}	J
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									
	J						Sayıı		<i>-</i> I

