

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 MAY -8 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P 0000085515**

**1. Corporation Name**

JAMES FURNITURE ENTERPRISES, INC.

000005574790--1.

-05/20/02--01063--013

\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

3590 NW 71st STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

3590 NW 71st STREET

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**City & State**

MIAMI, FL

**Zip**

33147

**Country**

**Zip**

33147

**Country**

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

9/11/00

**5. FEI Number**

65-1040839

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**

ROSA I. RIVERA

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

3783 NW 46th STREET

**Suite, Apt. #, Etc.**

**City**

MIAMI

**State**

FL

**Zip Code**

33142

**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 05 06 02

**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	ROSA I. RIVERA	3783 NW 46th STREET	MIAMI, FL 33142

**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

ROSA I. RIVERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 06 02

Date

Daytime Phone #

(305) 696-8410

CR2E081 (9/01)

**JAMES FURNITURE ENTERPRISES, INC.**  
**3590 NW 71<sup>ST</sup> STREET**  
**MIAMI, FL 33147**  
**(305) 696-8410**

April 29, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

RE: Reinstatement

This is to inform you that we never received the Uniform Business Report for the years 2001 and 2002. Therefore, we are requesting from you to wave the reinstatement fee and we are including a reinstatement application form with a check for \$300.00 covering the annual report fee for both years 2001 and 2002.

Sincerely,

Rosa I. Rivera  
President



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 23, 2002

CORDILLERA IMPORT-EXPORT INC.  
P.O. BOX 833063  
MIAMI, FL 33283

SUBJECT: CORDILLERA IMPORT-EXPORT INC.  
Ref. Number: P96000029829

We have received your document for CORDILLERA IMPORT-EXPORT INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document along with a copy of this letter within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Justin M Shivers  
Document Specialist

Letter Number: 002A00024398