

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 11 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105428

1. Corporation Name

Furniture Esuperstore, Inc.

REINSTATEMENT 01-02

200008834522
11/06/02--01113--017 **900.00

2. Principal Office Address

12524 Bronco Drive

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

Hillsborough

3. Mailing Office Address

12524 Bronco Drive

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33626

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/00

5. FEI Number

59-3684358

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

Dennis Moody

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

12524 Bronco Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/8/02

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
Pres/ Dir	Dennis Moody	12524 Bronco Drive	Tampa FL 33626

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

813-925-8100

Daytime Phone #

CR2ED03 (9/01)