

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

01 NOV -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111305

1. Corporation Name

MASTERCRAFT UPHOLSTERY INC.

Principal Place of Business

Mailing Address

9320 NW 34TH COURT
SUNRISE FL 33351

9320 NW 34TH COURT
SUNRISE FL 33351

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



REINSTATEMENT 2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1065050

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	FIONA MOHAMMED	9320 NW 34TH COURT	SUNRISE - FLA - 33351.
V. PRES	NAIM MOHAMMED	9320 NW 34TH COURT	SUNRISE FLA 33351.

600004703666--4
-12/04/01--01031--003
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOHAMMED, FIONA
9320 NW 34TH COURT
SUNRISE FL 33351

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

Fiona Mohammed (PRES)

REGISTERED AGENT MUST SIGN

Date

Nov. 7th 2001.

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:

Naim Mohammed (V. PRES)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov. 7th 2001.

CR2ED40 (8/01)