

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 203.

POD000114759

1. Corporation Name

Dennes Furniture Care Inc.

2. Principal Office Address

597 SE FAITH TERR.

Suite, Apt. #, etc.

none

City & State

PT. ST. LUCIE FL

Zip

34983

Country

ST. LUCIE

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

none

City & State

PT. ST. LUCIE FL

Zip

34983

Country

ST. LUCIE

200015285932
REINSTATEMENT 01-03

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

Dec 2000

5. FEI Number

65-1065689

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

Varinia Reyes

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

597 SE FAITH TERR.

Suite, Apt. #, Etc.

none

City

PT. ST. LUCIE

State

FL

Zip Code

34983

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

Varinia Reyes
REGISTERED AGENT MUST SIGN

Date

3/27/03

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	Davis Dennes	597 SE FAITH TERR. PT. ST. LUCIE FL	34983
VP	Varinia Reyes	" same address "	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
Date

(786) 367-8984
Daytime Phone #

CR2081 (10/02)