

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenida E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072009

1. Corporation Name

WOODGROVE FURNITURE, INC.

Principal Place of Business

16115 SW 89TH PLACE
MIAMI FL 33157

Mailing Address

16115 SW 89TH PLACE
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

07/21/03

90141 010

\$150.00

03

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2001

5. FEI Number

65-1121696

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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 |
|---------------|---|--|-------------------------|
| D | CONESA, RENE | 16115 SW 89TH PLACE | MIAMI FL 33157 |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONESA, RENE
16115 SW 89TH PLACE
MIAMI FL 33157

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/07/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/03

Daytime Phone #

CR2E040 (7/03)

October 20, 2003


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

Dear Srs:

On response at your letter September 19/2003 over
the ~~CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCACION~~
of the Corporation WOODGROVE FURNITURE, INC. accompanying
Photostatic Copy of Company Check No. 1558 of 07/16/03, for
the amount of \$ 150.00 Dollars, as payment of Annual Report
of the mentioned Corporation.

We responded your letter dated July 23/2003, for
the same problem, explained that never before We received
the Form of Annual Report 2003.

Waiting all are clear at this moment, very truly
Yours:


Rene Conesa, President
Woodgrove Furniture Inc.