

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000004285**

1. Corporation Name

FIDELITY FURNITURE, INC.

Principal Place of Business

Mailing Address

384 SE 2ND AVE.
DELRAY BCH FL 33483

P. O. BOX 2643
DELRAY BCH FL 33447

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2002

5. FEI Number

Applied For

Not Applicable

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
D	FRANCOIS, PIERRE Y	396 NE 152ND ST.	MIAMI FL 33162
D	FRANCOIS, BERNADETTE	830 SE 2ND AVE.	DELRAY BCH FL 33483

500024253175
10/23/03--01053--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCOIS, JEAN ROBERT
826 SE 2ND AVE,
DELRAY BCH FL 33483

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

Date

REGISTERED AGENT MUST SIGN

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.

BERNADETTE FRANCOIS, DIRECTOR

Pierre Y. Francois 10-23-03

SIGNATURE:

Bernadette Francois

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03-561-266-9751

Date

Daytime Phone #

FILED

03 OCT 29 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CR2E040 (7/03)

BERNADETTE FRANCOIS
830 S.E. 2nd Avenue
Delray Beach, FL 33483
561-266-9751

October 23, 2003

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

RE: Application for Reinstatement for Fidelity Furniture, Inc.

Dear Sir/Madam:

At this time I am applying for reinstatement of the above corporation and am attaching my check for \$150.00 for same. This letter will also confirm the fact that we did not receive any uniform business report notices for the year 2003.

I would also like to change the mailing address for the corporation to the following:

830 S.E. 2nd Avenue
Delray Beach, FL 33483

Thank you for your cooperation in this regard.

Sincerely,

Bernadette Francois
Bernadette Francois, Director
Fidelity Furniture, Inc.