

10.8 78101

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009505

1. Corporation Name

Strictly Custom Furniture, Inc.

500024241535  
10/29/03--01012--009 \*\*750.00

2. Principal Office Address

10000 STIRLING ROAD

Suite, Apt. #, etc.

S44

City &amp; State

Cooper City, FL

Zip

33325

Country

U.S.A.

3. Mailing Office Address

1704 S.W. 142nd Avenue

Suite, Apt. #, etc.

City &amp; State

Davie, Florida

Zip

33325

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

1/28/2002

5. FEI Number

300043784

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

Osvaldo Medina

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

1704 S.W. 142nd Avenue

Suite, Apt. #, Etc.

City

Davie

State  
FLZip Code  
33325

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

REGISTERED AGENT MUST SIGN

Date

9/24/03

## 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/D	Osvaldo Medina	1704 S.W. 142nd Avenue	Davie, Florida 33325
VP/S/D	Barbara Medina	1704 S.W. 142nd Avenue	Davie, Florida 33325

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

BARBARA MEDINA

09/24/03

Date

(954) 433-3540

Daytime Phone #

CR2E081 (9/00)