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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 14 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000053344

1. Corporation Name

FLEMING'S FURNITURE MART, INC.

100033430911

04/21/04--01028--011 **300.00

REINSTATEMENT 03-24

2. Principal Office Address

4820 Park Blvd.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip

33781

Country

USA

3. Mailing Office Address

4820 Park Blvd.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

Zip

33781

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/2002

5. FEI Number

01-0690416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

O'Connor, Patrick M. Esq.

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

2240 Belleair Rd.

Suite, Apt. #, Etc.

Suite 160

City

Clearwater

State

FL

Zip Code

33764

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

Date

4-13-04

REGISTERED AGENT MUST SIGN

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
D	Jack Oberding	4820 Park Blvd.	Pinellas Park, FL 33781

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)(l), 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

Date

4/13/04

Daytime Phone #

727-
545-4288

CR2E081 (01/04)

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FLEMING'S FURNITURE, INC.
4820 Park Boulevard
Pinellas Park, Florida 33781

April 13, 2004

Secretary of State
Attn: Reinstatement Department
409 East Gaines Street
Tallahassee, Florida 32399

RE: Fleming's Furniture Mart, Inc.
Document # P02000053344

Dear Sir/Madam:

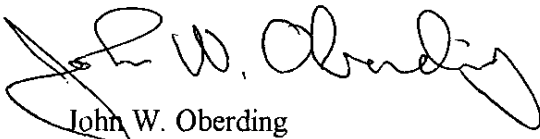
Enclosed please find our 2003 Uniform Business Report and check number 17213 in the amount of \$300.00 which represents the filing fees for 2003 and 2004.

We are asking that you kindly waive the additional \$600.00 fee that is due since we never received the 2003 Uniform Business Report.

Please file at your earliest convenience and if you have any questions please contact the undersigned at (727) 545-4288.

Sincerely,

FLEMING'S FURNITURE MART, INC.



John W. Oberding

JO/psb
Enclosures