

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 192

FILED

05 MAR -9 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02 000081727

1. Corporation Name

DND Fashion & Furniture Inc

2. Principal Office Address *New address*

6939 college ct

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 825312

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Pembroke Pines

Zip

33317

Country

USA

Zip

33082

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2121427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05
FL

7. Name and Address of Current Registered Agent

Name

Wilfred Louis

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

6939 College Ct

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33317

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 03-03-05

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
<u>Pres.</u>	<u>Wilfred Louis</u>	<u>6939 college ct</u>	<u>DAVIE FL 33317</u>

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

Wilfred Louis

Date

03-03-05

Daytime Phone #

WK 954-385-8892
cell 305-300-4006

CR2E081 (01/05)

CR2E081 (01/05)



TO TINA

Re WILFRED LOUIS
DND Fashion Furniture
PO Box 825312
Pembroke Pines
FL 33082

B L 92

850-245-6017

This letter is to confirm that
I Wilfred Louis haven't received any of
your Notice since 2003 to present, and
I am requesting for you to please
consider waiving the fees for these
few years.

Thank you