

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04 MAR -4 PM 3:40

**DOCUMENT #.** P02000096521

**1. Corporation Name**

FURNITURE WHOLESALE OF MIAMI

REINSTATEMENT 03-04

**2. Principal Office Address**

8501 NW 72 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

Zip

33166

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/03/2002

**5. FEI Number**

74-3061180

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

JUAN PEREZ

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

1854 SW 28 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

**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

*Juan Perez*  
REGISTERED AGENT MUST SIGN

Date 02/27/2004

**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	PATRICIO CARLIN	8501 NW 72 STREET	MIAMI, FLA 33166

**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:**

*Patricio Carlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/2004 305-303-6672

Date

Daytime Phone #

CR2001 (01/04)

**Furniture Wholesale  
Of Miami  
8501 NW 72 Street  
Miami FL 33166**

2/26/2004

We never received form for 2003  
I will take the late fee to be waive.

Thank you,  
Patricio Carlini.