

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 17 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096744

1. Corporation Name

M & R FURNITURE INC.

2. Principal Office Address - No P.O. Box #

100 S. BIRCH RD

Suite, Apt. #, etc.

1502

City & State

FT. LAUD., FL

Zip

33316

Country

USA

3. Mailing Office Address

100 S. BIRCH RD

Suite, Apt. #, etc.

1502

City & State

FT. LAUD., FL

Zip

33316

Country

USA

600145989936  
03/17/09--01008--011 \*\*600.00

**REINSTATEMENT** 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

9/3/2002

5. FEI Number

54-2071175

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

MANNY BETTER

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

100 S. BIRCH RD

Suite, Apt. #, Etc.

1502

City

FT. LAUDERDALE

State

FL

Zip Code

33316

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 3/3/2009

**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	MANNY BETTER	100 S. BIRCH RD (1502) <sup>APT</sup>	FT. LAUD., FL 33316
V/S/T	RENÉE BETTER	100 S. BIRCH RD (1502) <sup>APT</sup>	FT. LAUD., FL 33316

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 contained in Chapter 119, 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

3/3/09  
Date

954-328-1919  
Daytime Phone #