

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000099763**

1. Corporation Name

OFFICE FURNITURE PLACE, INC.

Principal Place of Business

Mailing Address

1939 BLANDING BOULEVARD
JACKSONVILLE FL 32210

1939 BLANDING BOULEVARD
JACKSONVILLE FL 32210



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3711207

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Charles C. Robinson	1939 Blanding Blvd	Jacksonville, FL 32210

900023819879
10/15/03--01059--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBINSON, CHARLES C
1939 BLANDING BOULEVARD
JACKSONVILLE FL 32210

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Charles C. Robinson

Date

REGISTERED AGENT MUST SIGN

11. 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:

Charles C. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)
10-13-03 388-8806

Date

Daytime Phone #

CR2E040 (7/03)

Office Furniture Place, Inc.

1939 Blanding Blvd.
Jacksonville, FL 32210

Phone (904) 388-8806

Fax (904) 388-8586

October 13, 2003

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Our business has been having problem with the mail, therefore, with did not receive our two prior notices of our 2003 Business Report. I contacted the Department of State, on Oct. 13, 2003 and spoke with Mr. Tyrone Scott and informed him of our situation and he kindly advised us to send a check for the amount of \$150.00 to reinstate our license accompanied with a letter explaining our situation. Would you please, waive the late filing fee of \$600.00.

Please, feel free to contact us if there is any question.

Sincerely,



Charles C. Robinson
President
FEI Number: 59-3711207