

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 30 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000102948

1. Corporation Name

CONNECT DIRECT FURNITURE, INC.

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

858 CALSTON DR.

Suite, Apt. #, etc.

N/A

City & State

WINTER SPRINGS

Zip

32708

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

FLORIDA

Zip

32708

Country

USA

REINSTATEMENT 04-08
CR2E081 (12/07)

4. Date incorporated or Qualified
To Do Business in Florida

7/03

5. FEI Number

59-3584650

☐ 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

ANN H HOEKSTRA

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

858 CALSTON DR

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

☒ 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

Ann H Hoekstra

Date 1-29-08

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
<u>President</u>	<u>ANN HOEKSTRA</u>	<u>858 CALSTON DR</u>	<u>WINTER SPRINGS, FL</u>
<u>Secretary</u>	<u>ANN HOEKSTRA</u>	<u>858 CALSTON DR</u>	<u>SAME 32708</u>
<u>Chairman</u>	<u>ANN HOEKSTRA</u>	<u>" "</u>	<u>" "</u>
<u>Director</u>	<u>ANN HOEKSTRA</u>	<u>" "</u>	<u>" "</u>

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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

Ann H Hoekstra ANN H HOEKSTRA

Date 1-29-08 407-388-9763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

1/31/08