

JAN. 30. 2004 12:59PM

CORPORATION SVC CO

NO. 709 P. 2
H04000022084 3SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 30 PM 4:41

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000106535

1. Corporation Name

DESIGNER UPHOLSTERY, INC.

2. Principal Office Address

11614 Plantation Preserve Circle

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33912

Country

LEE

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 30, 2002

5. FE# Number

41-2081937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEONARD L. LISZEWSKI, ESQ.

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

2110 Cleveland Avenue

Suite, Apt. #, etc.

City

Fort Myers,

State
FL

Zip Code

33901

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

Date January 28, 2004

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
Pres	German Londono	11614 Plantation Preserve Circle	Fort Myers, FL 33912
Sec/ Treas	Diana Campo	11614 Plantation Preserve Circle	Fort Myers, FL 33912

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 118.07(3)(f), 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:

GERMAN LONDONO, January 28, 2004

SIGNATURE AND TYPED OR-PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Day/Time Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

DESIGNER UPHOLSTERY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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