

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108763

1. Corporation Name

The Appalachian Wood Furniture Company

2. Principal Office Address

7600 N Fed. Hwy.

Suite, Apt. #, etc.

5/6

City & State

Boca Raton, FL.

Zip

33487

Country

Palm Beach

3. Mailing Office Address

10079 Boynton Pl. Cir.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL.

Zip

33437

Country

Palm Beach

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

11/02

5. FEI Number

22-3877725

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

Christopher J. Guthrie

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

10079 Boynton Pl. Cir.

Suite, Apt. #, Etc.

City

Boynton Beach,

State

FL

Zip Code

33437

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 10/07/03

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	Christopher J. Guthrie	10079 Boynton PL. Cir.	Boynton Beach, FL.33437
vp	Leah R Guthrie	10079 Boynton Pl. Cir.	Boynton Beach, FL.33437

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

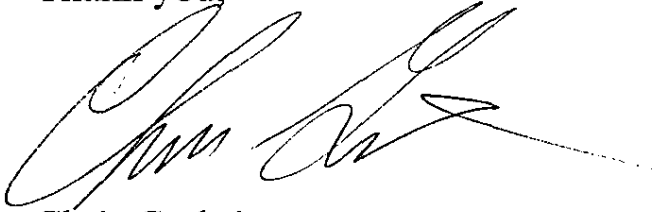
CR2E081 (10/02)

2/10/9

To Whom It May Concern:

This is my second letter to Divisions of Corporations, I sent in a check for \$150.00 for my annual report. It was accepted and cashed, but my company was but into inactive. I sent in a letter explaining that I did not receive the paper work until it was past the due date. I called the head quarters to find out my status. They said they did not receive my letter. They said I need to send a second. All these delays are costing me more late fees. I will like to have this clear up. Please contact me once this letter is received. This is my first business venture and the government is going to put me out of business before I can get started. Please help.

Thank you,

A handwritten signature in black ink, appearing to read 'Chris Guthrie', with a long horizontal flourish extending to the right.

Chris Guthrie
The Appalachian Wood Furniture Company
10079 Boynton Pl. Cir.
Boynton Beach, Fl. 33431
561-733-8665
FEI # 22-3877251
DOC# P02000108763

CONFIDENTIAL