

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 20 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000115381**

1. Corporation Name

FURNISHINGS PDQ, INC.

Principal Place of Business

671 MYRTLE ROAD
NAPLES FL 34108

Mailing Address

671 MYRTLE ROAD
NAPLES FL 34108

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

200 Goodlet Rd

City & State

Naples, FL

Zip

34102

Country

Collier

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

5

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/2002

5. FEI Number

01-0750770

Applied For

Not Applicable

6.

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	Marianne Lucht	671 Myrtle Rd Naples, FL	Naples, FL 34108

8. Name and Address of Current Registered Agent

LUCH, MARIANNE
671 MYRTLE ROAD
NAPLES FL 34108

9. Name and Address of New Registered Agent

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

Marianne Lucht

REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Marianne Lucht

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03 281-262-0600

Daytime Phone #

CR2E040 (7/03)

October 17, 2003

Marianne Luch
671 Myrtle Road
Naples, FL 34108

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

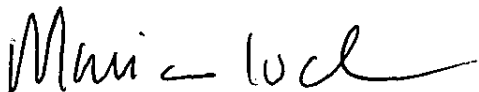
To whom it may concern:

I responded to your correspondence dated 9/18/03 shortly after receiving it however your office still does not show receipt of that document.

Again, I am forwarding the requested information to you. Please reinstate the corporation, *Furnishings, PDQ*. I understand that you are already in receipt of the \$150 fee.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Marianne Luch". The signature is written in dark ink and is positioned above the printed name.

Marianne Luch