

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PH 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127144

1. Corporation Name

SAN CRISTOBAL FURNITURE, CORP.

Principal Place of Business

Mailing Address

740 SE 7 PL.
HIALEAH FL 33010

740 SE 7 PL.
HIALEAH FL 33010

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

12/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	GARCIA, HUMBERTO	740 SE 7 PL	HIALEAH FL 33010
D	CABRAL, ROLANDO	7501 WEST 29TH WAY	HIALEAH FL 33010

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, HUMBERTO
740 SE 7 PL.
HIALEAH FL 33010

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

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

20f2

10-13-2003

SAN CRISTOBAL FURNITURE, CORP
740 SE 7TH PL
HIALEAH, FL. 33010-5633

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

DEAR SIR/MADAM;

AS PER THE INSTRUCTIONS GIVEN TO ME BY
YOUR REPRESENTATIVE, PLEASE WAIVE LATE FEE OF \$ 400.00 AS I DID
NOT RECEIVE ANNUAL REPORT.

I HAVE ENCLOSED A CHECK FOR \$150.00 ALONG WITH THE UNIFORM
BUSINESS REPORT FOR 2003.

IF THERE ARE ANY QUESTIONS, PLEASE CONTACT ME AT 305-882-0610

HUMBERTO GARCIA
PRESIDENT

IF THERE ARE ANY QUESTIONS, PLEASE CONTACT ME AT 305-882-0610