

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010748

1. Entity Name
J M T ANTIQUE FURNITURE AND ACCESSORIES, INC.



FILED

05 FEB -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4264 DAVIE ROAD
DAVIE, FL 33314

Mailing Address

4264 DAVIE ROAD
DAVIE, FL 33314

2. Principal Place of Business

4301 SW 62ND AVE

3. Mailing Address

4301 S.W. 62ND AVE

Suite, Apt. #, etc.

DAVIE

Suite, Apt. #, etc.

DAVIE

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

10182004

REIN-P

CR2E098 (6/04)

MRS

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUILA, JUAN
4301 SW 62 AVE
DAVIE, FL 33314

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

REINSTATEMENT 04-05

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-15-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS AGUILA, JUAN A
CITY-ST-ZIP 4301 SW62 AVE
DAVIE, FL 33314

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-04 954-792-7152