


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO3000058513</u>			
1. Corporation Name <u>Advanced Furniture Services INC.</u>			
2. Principal Office Address <u>6460 Match St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 15095</u> Suite, Apt. #, etc.	
City & State <u>Pensacola, FL</u>		City & State <u>Pensacola, FL</u>	
Zip <u>32514</u>		Country	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number <u>58-2669290</u>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <u>Tirell Wilson</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>6460 Match St.</u>			
Suite, Apt. #, Etc.			
City <u>Pensacola</u>		State <u>FL</u>	Zip Code <u>32514</u>
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 <u>Tirell Wilson</u>		Date <u>10-18-06</u>	
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
<u>CEO</u>	<u>Tirell Wilson</u>	<u>6460 Match St.</u>	<u>Pensacola, FL 32514</u>
	<u>[Signature]</u>		
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 contained in Chapter 119, 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: <u>Tirell Wilson</u>		Date <u>10/18/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

P.O. Box 15295
Pensacola, FL 32514
(850) 477-2887
Fax (850) 477-5662

**Advanced
FURNITURE
SERVICES INC.**

To: Dept. of Corp.

From: Tirell Wilson

Fax:

Pages: 2

Phone:

Date:

Re:

CC:

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:** To Whom It May Concern we did not receive reinstatement instructions for our company our address is P.O. Box 15295 Pensacola fl 32514 that's where reinstatement letters should be mailed thanks tirell Wilson