

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000072088

1. Corporation Name

WORLD-WIDE FURNITURE DEPOT OF AMERICA CORP.

2. Principal Office Address - No P.O. Box #

16675 OLD CUTLER ROAD

3. Mailing Office Address

16675 OLD CUTLER ROAD

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

PALMETTO BAY, FL

City & State

PALMETTO BAY, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2003

5. FEI Number

☒ 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

ARTURO ORTIZ

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

16675 OLD CUTLER ROAD

Suite, Apt. #, Etc.

300

City

PALMETTO BAY

State

FL

Zip Code

33157

62-11 TB 6/1/11
REINSTATEMENT

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 **05/22/2011**

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	ABREU, ANTONIO B	1725 W 60 STREET	HIALEAH, FL 33012
SVP/S	AMADO, YISHAI H	126 S.W. 32ND CT. RD.	MIAMI, FL 33135
VP	CHOY, ALBERTO J	46080 HOLLY DRIVE	TAMARAC, FL 33319
T	CHOY-DIAZ, JORGE A	1725 W 60 STREET	HIALEAH, FL 33012
AS	LAURENTI, RAFAEL	2911 SW 135 AVENUE	MIAMI, FL 33175

10. E-mail Address: **PUBLICACCOUNTING@ATT.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/2011 305-255-3132

Date

Daytime Phone #