

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000151058**

1. Entity Name  
SIGLO XXI FURNITURE WAREHOUSE, INC.



**FILED**

2006 OCT 23 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10202006 REIN-P CR2E098 (11/05)

Principal Place of Business  
251 SW 22 AVE  
MIAMI, FL 33135

Mailing Address  
251 SW 22 AVE  
MIAMI, FL 33135

2. Principal Place of Business  
465 Hialeah Drive  
Suite, Apt. #, etc.

3. Mailing Address  
465 Hialeah Drive  
Suite, Apt. #, etc.

City & State  
Hialeah

City & State  
Hialeah

Zip  
33010

Country  
Dade

Zip  
33010

Country  
Dade

4. FEI Number  
04-3800126

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEREIRA, EVIDIO B  
251 SW 22 AVE  
MIAMI, FL 33135

7. Name and Address of New Registered Agent  
Name  
Evidio B. Pereira  
Street Address (P.O. Box Number is Not Acceptable)  
465 Hialeah Drive  
City  
Hialeah FL Zip Code  
33010

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]* DATE 10/19/06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, EVIDIO B 251 SW 22 AVE MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	465 Hialeah Drive Hialeah, FL 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081121406 10/23/06--01052--008 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* DATE 10/19/06 (305) 883-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR