

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Factory Direct Furniture, Inc.

PO5000028108

500138326755
12/01/08--01040--024 **1050.00

REINSTATEMENT 06-08

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

955 East Nine Mile Road

3. Mailing Office Address

955 East Nine Mile Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32514

Country

USA

Zip

32514

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

02-14-2005

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

Fletcher Fleming

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

226 Palafox Place

Suite, Apt. #, Etc.

Ninth Floor

City

Pensacola

State

FL

Zip Code

32502

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Fletcher Fleming
REGISTERED AGENT MUST SIGN

Date

11/19/08

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
D/P/S	Mack W. Daw	5028 Skylark Court	Pensacola, FL 32505

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: *Mack W. Daw* **MACCK W. DAW**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-08
Date

850 477 25673
Daytime Phone #