

2006 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P05000062043

1. Entity Name
27 STREET FURNITURE, CORP



Principal Place of Business
2715 NW 17TH AVE.
MIAMI, FL 33142

Mailing Address
2715 NW 17TH AVE.
MIAMI, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042006

REIN-P

CR2E098 (11/05)

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

7. Name and Address of New Registered Agent

PEREZ, RAMON
955 NW 52ND ST.
MIAMI, FL 33142

Name

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

City

FL

Zip Code

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 _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PEREZ, RAMON
STREET ADDRESS 955 NW 52ND ST.
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Change ☐ Addition
NAME **900020879699**
STREET ADDRESS **10/18/06--01046--020 **150.00**
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME PEREZ, IMELDA
STREET ADDRESS 955 NW 52ND ST.
CITY-ST-ZIP MIAMI, FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/06

FILED
2006 OCT 16 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



27 STREET FURNITURE CORP
2715 NW 17TH AVE
MIAMI, FLORIDA 33142

October 4, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

By means of the present we want to request you a waiver for this first time on the annual report of our corporation. We were not aware of this regulations with the Division of the Corporation. We did not received the prior notices on time. We are sending the reinstament form with a \$ 150.00 fee. We would like to thank you in advance for taking care of this matter.

Sincerely,



Ranton Perez