

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILLED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP 21 AM 9:10

DOCUMENT # P05000071996

1. Corporation Name

*Stellar* FUNRNITURE CONCEPTS CORP.

000160890620

09/21/09--01059--006 \*\*300.00

CR2E081 (12/08)

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

46 LEMANS DR

Suite, Apt. #, etc.

City & State

NAPLES

Zip

34112

Country

USA

3. Mailing Office Address

46 LEMANS DR

Suite, Apt. #, etc.

City & State

NAPLES

Zip

34112

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
20-2855025

☐ 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  
DANIELYOUSKO

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

Suite, Apt. #, Etc.

City  
NAPLES

State  
FL

Zip Code  
34112

☒ 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

Date

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
P/D	DANIELYOUSKO	46 LEMANS DR	NAPLES, FL, 34112
VP/D	DEBRA YOUSKO	46 LEMANS DR	NAPLES, FL, 34112

REINSTATEMENT 08-09

B 9/22/09

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:

*Daniel Yousko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-17-09

Daytime Phone #

239-821-1585

239-537-1031