

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP 19 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127242

1. Corporation Name

NEW CUTLER FURNITURE INC

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

18844 S DIXIE HWY

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33157

Country

Zip

Country

100238680591
09/17/12 01030-001 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2005

5. FEI Number
20-3533293

☐ 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

ARIF H YOUSUF

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

18844 S DIXIE HWY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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	ARIF H YOUSUF	18844 S DIXIE HWY	MIAMI FL 33157
S	HAROON MUMTAZ A	18844 S DIXIE HWY	MIAMI FL 33157

REINSTATEMENT

10-12 SEP 19 2012
T. SCOTT

10. E-mail Address: newcutlerfurniture@hotmail.com

(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:

Arif Yousuf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/13/12 (786) 399-0538