

P17000050492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

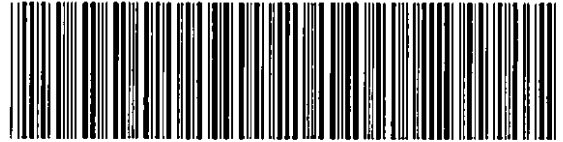
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/16/24--01010--005 \*\*35.00

FILED  
2024 MAY 16 PM 3:22  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FURNITURE ZONE CORP

**DOCUMENT NUMBER:** P17000050492

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIO MARTINEZ-SANCHES

Name of Contact Person

FURNITURE ZONE CORP

Firm/Company

167 WEST 29 ST

Address

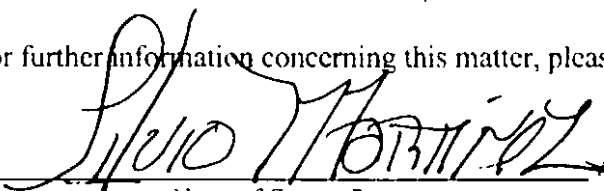
HIALEAH FL 33018

City/State and Zip Code

silvio\_martinez@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 At (305) 904 6753

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
★ The Centre of Tallahassee  
★ 2415 N. Monroe Street, Suite 810  
★ Tallahassee, FL 32303

## ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: FURNITURE ZONE CORP

SECOND: The document number of the corporation (if known) is P17000050492

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

filed with the Florida Department of State is 30/04/2024

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: The Revocation of Dissolution was authorized on 05/13/2024

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors/incorporation revoked the dissolution.
- ☒ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

ILIO NORTON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED  
2024 MAY 16 PM 3:22  
TALLAHASSEE, FLORIDA  
STATE DEPT OF STATE

FILING FEE \$35

**FILED**  
**Apr 30, 2024**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
FURNITURE ZONE CORP.
- SECOND:** The document number of the corporation: P17000050492
- THIRD:** The date dissolution was authorized: April 30, 2024  
Effective date of dissolution: April 30, 2024
- FOURTH:** Dissolution was approved by the shareholders in the manner required by this chapter and by Articles of Incorporation.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: SILVIO MARTINEZ PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

**FILED**  
**Apr 30, 2024**  
**Secretary of State**

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

**Name of Corporation:**

FURNITURE ZONE CORP.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

**Description of information that must be included in a claim:**

NOTA ; ESATMOS CERRANDO LA CORPORACIONYA QUE EL NEGOCIO POR DOS ANOS NOS ESTA DANDO PERDIDAS Y HEMOS DECIDIDO PONER FIN A LAS OPERACIONES

**Mailing address where claims can be sent:**

8896 NW 177 TERRACE  
HIALEAH, FL 33018  
HIALEAH, FL 33018

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

**Signature:** SILVIO MARTINEZ

Electronic Signature of the Person Filing