

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1062

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 21 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001283

1. Corporation Name

TOP DRAWER FURNITURE

2. Principal Office Address

4447 WESTROADS DR

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

PALM BEACH

3. Mailing Office Address

c/o CLEMENTE  
133 S. HAMPTON DR

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33458

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/92

5. FEI Number

65-0377964

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

CYNTHIA CLEMENTE

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

133 S. HAMPTON DR.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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

Cynthia Clemente  
REGISTERED AGENT MUST SIGN

Date

3/16/00

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
PRES	CYNTHIA CLEMENTE	133 S. HAMPTON DR	JUPITER, FL 33458

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 under section 119.07(3)(i), 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:

Cynthia Clemente  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/00

Daytime Phone #

561.844.6685

CR2E081 (9/99)

pg. 2 of 2  
Top Drawer Furniture  
% Cynthia Clemente  
133 S. Hampton Drive  
Jupiter, FL 33458  
Attachment

# TOP DRAWER FURNITURE

March 15, 2000

Department of State  
Division of Corporation  
P O Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please accept my registration fees for the years 1999 and 2000. May I request you waive any penalties. I never received a 1999 report.

Top Drawer Furniture was originally incorporated in December 1992. If you check your records you will see that Top Drawer Furniture always pays any State or Federal fees and taxes well before the actual due date.

Top Drawer Furniture is a reputable corporation. We take our business very seriously and have the best credit rating available. I am truly sorry for the omission. I do feel I had no control over the situation.

Sincerely,



Cynthia Clemente  
President