PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000038773

1. Corporation Name
OFFICE DEPOT FURNITURE, INC.

FILED
96 DEC 20 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1995 1996

DO NOT WRITE IN THIS SPACE

Mailing Address	Principal Place of Business
799 JEFFERY STREET STE. 414 BOCA RATON, FL 33434	799 JEFFERY STREET STE. 414 BOCA RATON, FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 1, 1993

5. FEI Number: Applied For ☐ / X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
D	JOAN D. BIELSKI	4312 WHEELER AVE.	ALEXANDRIA, VA 22304
D	FRANCIS J. BIELSKI	SAME	SAME
D	PAULA E. BIELSKI	SAME	SAME
			900002038069--8
			12/26/96 01015 003
			****583.75 ****583.75

8. Name and Address of Current Registered Agent

ED BUSH & ASSOCIATES, P.A.
Edward J. Bush, ESQ.
ATT: MIKE McHALE, ESQ.
301 CLEMATIS STREET, STE 200
W.P.B., FL 33401

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) MWB
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 12-15-96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. 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: Paula E. Bielski 12-15-96 3056883290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #