

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000062383**

1. Corporation Name

COMFORT WALL BEDS AND CABINETRY, INC.

FILED

99 NOV -8 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4625 NO. MANHATTAN AVENUE
E
TAMPA FL 33614
US

4625 NO. MANHATTAN AVENUE
E
TAMPA FL 33614
US

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

2. Old Principal Office Address, If Applicable

3. New Mailing 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

08/22/1994

5. FEI Number

59-3255562

Applied For

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City/State/Zip
VP	STIEHLER, MARK	4625 NO. MANHATTAN AVENUE #E	TAMPA FL 50%
P	STIEHLER, RAQUEL	4625 NO. MANHATTAN AVENUE #E	TAMPA FL 50%
T	STIEHLER, RAYMOND J	201WB - PHILBECK	BOSTON N.
S	PENTON, ESTHER	3046 NW 13TH STREET	MIAMI FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STIEHLER, MARK
4625 NO. MANHATTAN AVENUE
SUITE E
TAMPA FL 33614

Name **Raqueel Stiehler**
Street Address (P.O. Box Number is Not Acceptable)
8635 Gardenia Dr.
Suite, Apt. #, Etc.
City **Seminole** State **FL** Zip Code **33777**

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 **R. Stiehler**
REGISTERED AGENT MUST SIGN

Date **04-27-99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 (813) 872-7239

CR2E040 (9/98)