PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# P94000063120

1. Corporation Name

CONTRACT FURNITURE SOURCE, INC.

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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816 SW 4TH AVE Pompano Beach Fl 33060 IS		POMPANO E	P.O BOX 10368 POMPANO BEACH FL 33061-6368 US		Ta Poa ro			
		•		,	HEINS	TATEMENT	· (10-14)	
			POMPANO BEACH FL 30061-6368 US Country					
. New P	rincipal Office Address, If Applicable	3. New Mail	3. New Mailing Office Address, if a		To Do Rusiness in Florida			
Suite, Ap	t. #, etc.	Suite, Apt. #	, etc.		5 FEI Numb		Applied For Not Applicable 5 Additional Fee required or a Certificate of Status ate / Zip Agent Certify that when filing 401, F.S., that all fees	
City & Sta		are incorrect in any way, line through incorrect information and enter correction below. are incorrect in any way, line through incorrect information and enter correction below. are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporate or Qualified To Do Business in Florids 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 8.75 A Correct Address of Certificate of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors 8.75 A Correct Address of Certificate of Officers and/or Directors 8.75 A Correct Address of Certificate Officer and/or Director Address of Certificate Officer and/or Directors 8.75 A Correct Address of Certificate Officer and/or Director Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Address of New Registered Agent 8.75 A Correct Address of Certificate Officer Officer Officer Officer Office Office Officer Office Office Officer Office Officer Office Officer Office Office Office Officer Office Offi						
Jily & O.					6.	****		
(ip	Country	Zip	Countr	ТУ				
Name	e and Street Addresses of Each Officer a	and/or Director (Fl	orida nonprofit corpora	ations must list at le	ast 3 directors)		1401111	
Title(s)	Name of Officers and/or Directors		Str Of	reet Address of Eac	:h		ate / Zip	
_	2							
P	PRATLEY, FREDERICK J	1816 SW 41H AVE			POMPANO BEACH FL			
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						-02/16/0001	1012008	
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		-						
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
	•			Name				
PRA*	TLEY, FREDERICK J			Street Address	(P.O. Box Numbe	er is Not Acceptable)		
	SSW 4TH AVE				,			
POM	PANO BEACH FL 33060	,	,		Suite, Apt. #, Etc.			
				City			1 ' 1	
Signature	No new hall	BINIE	leve CP		obligations of Sec	2/7/0	00	
							-	
this re	einstatement application, the reason for or by the corporation have been paid and	dissolution has bee the names of indiv	n eliminated, the corp iduals listed on this for	orate name satisfie rm do not qualify fo	s the requiremen or an exemption u	its of section 607.0401 or 617.0	401, F.S., that all fees	
on thi	s application is true and accurate, and m	ıy sıgnature shall h	ave the same legal eff	tect as it made und	er oatn.		l.	

IRPREVIDENT 2