

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000079525

1. Entity Name
PREOWNED FURNITURE, INC.



FILED
04 OCT 27 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11605-21 CLEVELAND AVENUE
FORT MYERS, FL 33907

Mailing Address
11605-21 CLEVELAND AVENUE
FORT MYERS, FL 33907



REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0556938

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTYS, R STANFORD
4689 PINE ISLAND RD. #B
MATLACHA, FL 33993

Name

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

1136 NW 2nd Ave.

City Cape Coral

FL

Zip Code

33993

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R. Stanford Pettys

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

10-22-04

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PETTYS, R
STREET ADDRESS 4689 PINE ISLAND RD. #B
CITY-ST-ZIP MATLACHA, FL 33993

TITLE ☐ Change ☐ Addition
NAME 1136 NW 2nd Ave
STREET ADDRESS Cape Coral FL 33993
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PETTYS, BERYL P
STREET ADDRESS 4689 PINE ISLAND RD. #B
CITY-ST-ZIP MATLACHA, FL 33993

TITLE ☐ Change ☐ Addition
NAME 1136 NW 2nd Ave
STREET ADDRESS Cape Coral FL 33993
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

R. Stanford Pettys

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-04

Date

Daytime Phone #

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