

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

01 JUN 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021630

1. Corporation Name

Henderson's Family Furniture, Inc.

2. Principal Office Address

1976 Dana Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ft. Myers

City & State

Zip

33907

Country

Lee

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/95

5. FEI Number

65-0484019

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

Stephanie Henderson

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

3819 Richard Rd NE.

Suite, Apt. #, Etc.

City

N. Ft. Myers FL 33903

State

FL

Zip Code

33918

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

X *Stephanie Henderson*

REGISTERED AGENT MUST SIGN

6-7-01

Date

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

X Mrs Stephanie Henderson

3819 Richard Rd NE.

N. Ft. Myers FL 33903

V.P. Steven Henderson

2019 NE. 5th St.

Cape Coral, FL 33909

RECEIVED

96-01

T8

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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

X *Stephanie Henderson* Stephanie Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-01

Date

941-278-1777

Daytime Phone