

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 12:48

DOCUMENT # P95000021630

1. Corporation Name

HENDERSON'S FAMILY FURNITURE, INC.

Principal Place of Business Mailing Address
1976 DANA DR 1976 DANA DR
FT. MYERS FL 33907 FT. MYERS FL 33907

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

2. New 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 03/16/1995
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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HENDERSON, STEPHANIE	6120 POLING LANE 2023 NE 5th St.	FORT MYERS FL 33917 Cape Coral, FL 33909
V	HENDERSON, STEVE	2019 NE 5TH ST	CAPE CORAL FL 33909

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENDERSON, STEPHANIE 3810 RICHARD ROAD NORTHEAST NORTH FT. MYERS FL 33918	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	State FL	Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent *Stephanie Henderson* Pres. Date 10-09-03
REGISTERED AGENT MUST SIGN

11. 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 #

CR2E040 (7/03)

HENDERSON'S FAMILY FURNITURE, INC.

1976 Dana Drive
Fort Myers, Florida 33907
239-278-1777

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Post Office Box 6327

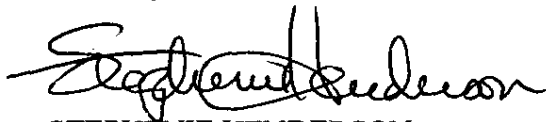
Tallahassee, Florida 32314-6327

October 09, 2003

I am writing at this time to request a waiver of delinquent fees for our corporation. We did not receive our annual report, only the dissolution notice. I went on-line to your website in early June and it said that we were paid and active, therefore, I was awaiting the necessary paperwork.

There are some mistakes in the form and I don't know if that would have contributed to our not receiving our annual report or not. I am enclosing the corrected form and our annual fee. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephenie Henderson", written over a horizontal line.

STEPHENIE HENDERSON
President