

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000037514

1. Corporation Name

SANGIORGIO FURNITURE INDUSTRIES, INC.

FILED
00 NOV 29 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2200 S. OCEAN LANE
UNIT 205
FT LAUDERDALE FL 33431
US

2200 S. OCEAN LANE
UNIT 205
FT LAUDERDALE FL 33431
US

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

30 camptown Rd
Maplewood NJ
07040
Essex

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1995

5. FEI Number

22-3374341

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	BARGAGLI, CARLOS CARLO	2200 SOUTH OCEAN LANE - UNIT 290	FORT LAUDERDALE FL 33316
S	VERED, BEATRIZ	2550 POLK ST. 30 camptown Rd	UNION NJ 07083 Maplewood NJ 07040
D	Pinelli, Bruce	30 camptown Rd Maplewood	Maplewood, NJ 07040
VP	Bernat, William	30 camptown Rd	Maplewood, NJ 07040
			400003493034-3 -12/11/00-01025-013 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARGAGLI, CARLO
2200 SOUTH OCEAN LANE
UNIT 2905
FT. LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/28/00 873-3749600