

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000076836

1. Corporation Name

MASTER FURNITURE, INC.

Principal Place of Business

Mailing Address

3414 NE 2ND AVE  
OAKLAND PARK FL 33334

3414 NE 2ND AVE  
OAKLAND PARK FL 33334

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

10/06/1995

5. FEI Number

65-0623162

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
PTD	HAZIZA, MOTI	1751 S. DIXIE HIGHWAY	POMPAHO BEACH FL 33060
VDS	HAZIZA, VALERIE	1751 S. DIXIE HIGHWAY	POMPAHO BEACH FL 33060

300004687389--0  
-11/19/01--01050--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAZIZA, MOTI  
3414 NE 2ND AVE  
OAKLAND PARK FL 33334

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

REGISTERED AGENT MUST SIGN

Date

10-16-01

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

Moti HAZIZA

VALERIE HAZIZA

Date

Daytime Phone #

(954)

1016-4588-0062

pg. 1 of 2

FILED

01 OCT 24 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2001 UBR

CR2E040 (8/01)

Pg 2 of 2

to whom it concerns:  
Please waive all  
late fees never  
received Corp.  
renewal papers  
10-12-01.  
till now. Thank you  
Vice Pres  
Valerie Flazisa