PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P96000050743 98 NOV -3 AM 11: 07 **DOCUMENT #** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Payless Furniture Sales, Inc., Principal Place of Business
2923 S. State Road 7
2923 S. State Road 7 West Hollywood, F1. 33023 West Hollywood, F1. RENSTATEMENT 98 33023 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 29235, State Road 7 Suite, Apt. #, etc. 6/13/96 Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0676371 Not Applicable Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip 913 HOEMENDY DOUG PD UB Normandy Dave 10000268 -01098 --013 ****750.00 _ ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Richard Waserstein Street Address (P.O. Box Number is Not Acceptable) 913 Nemandy Drive Suite, Apt. #, Etc. Miani Beach (A. 3314) Zip Code 1៧ 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 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔽 No 🗀 Intangible Personal Property tax due June 30. 12. 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 filling 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: