

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055414  
Corporation Name  
Pavilion Furniture, Inc.

Principal Place of Business Mailing Address  
7635 West Second Court  
Hialeah, Florida 33014-4434

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

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Country	Zip	Country	Zip

4. Date Incorporated or Qualified To Do Business in Florida <u>June 26, 1996</u>	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PIP	Michael J. Buzzella	7635 West Second Court Hialeah, Flor. 33014-4434	
VP/SIF	Joseph R. Buzzella	7635 West Second Ct.	Hialeah Fl. 33014-4434
100003096671--6 -01/12/00-01093-021 ****900.00 ****900.00			
<b>REINSTATEMENT 98-99 LTS</b>			

8. Name and Address of Current Registered Agent

Theodore J. Klein  
88 NE 168 Street  
North Miami Beach Fl. 33162

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 12/30/99

REGISTERED AGENT MUST SIGN

1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

2. 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: Joseph R. Buzzella Date 12/30/99 Daytime Phone # (305) 770-0370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR