

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000056862**

1. Corporation Name

DUNDEE FURNITURE, INC.

Principal Place of Business

Mailing Address

5124 LONGFELLOW
TAMPA FL 33629

5124 LONGFELLOW
TAMPA FL 33629

US

US

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

2. New Principal Office Address, If Applicable

2310 CYPRESS BAND DR

Suite, Apt. #, etc.

301

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

3. New Mailing Office Address, If Applicable

2310 CYPRESS BAND DR

Suite, Apt. #, etc.

301

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1996

5. FEI Number

36-2404224

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
PD	FRANKLE, DAVID	5124 LONGFELLOW CORP. ADDRESS	TAMPA FL 33629
TD	FRANKLE, MARK	5124 LONGFELLOW CORP. ADDRESS	TAMPA FL 33629
SD	FRANKLE, LAWRENCE	5124 LONGFELLOW CORP. ADDRESS	TAMPA FL 33629

8. Name and Address of Current Registered Agent

FRANKLE, MARK
5124 LONGFELLOW
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

LAWRENCE FRANKLE

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

2310 CYPRESS BAND DR.

Suite, Apt. #, Etc.

301

City

POMPANO BEACH

State

FL

Zip Code

33064

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/9/02

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 #

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******750.00 ****750.00**

1/9/02