

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP -1 PM 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063703

1. Corporation Name

ORLANDO FURNITURE, INC.

2. Principal Office Address - No P.O. Box #

1005 W OAKRIDGE RD

3. Mailing Office Address

1005 W OAKRIDGE RD

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

SUITE 1

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

REINSTATEMENT 04-09

CR2E081 (12/08)

29/11

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1996

5. FEI Number
59-3401685

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARVIN AREVALO

Street Address (P.O. Box Number is Not Acceptable)
1005 W OAKRIDGE RD

Suite, Apt. #, Etc.
SUITE 1

City
ORLANDO

State
FL

Zip Code
32837

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date AUGUST 31, 2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARVIN AREVALO	1005 W OAKRIDGE RD-STE 1	ORLANDO, FL 32837
D	MANUEL AREVALO	1005 W OAKRIDGE RD-STE 1	ORLANDO, FL 32837

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10. 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 contained in Chapter 119, 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

08-31-2009

Date

Daytime Phone #