

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000063703**

1. Corporation Name

Orlando Furniture, Inc

2. Principal Office Address

3956 Town Center Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

245

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32837

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

99-3401685

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)

3956 Town Center Blvd

Suite, Apt. #, Etc.

Suite 245

City

Orlando

State
FL

Zip Code

32837

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

M Arevalo

Date

3-10-03

REGISTERED AGENT MUST SIGN

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 | 3956 Town Center Blvd # 245 | Orlando, Florida 32837 |
| D | MARIVEL AREVALO | 3956 Town Center Blvd # 245 | Orlando, Florida 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 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:

M Arevalo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

Daytime Phone #

CR2E081 (9/01)

2846