

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W08000026558

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 3:57

DOCUMENT # 096000100523

1. Corporation Name

FURNITURE MARKETING GROUP

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

5708 Eaglemount

Suite, Apt. #, etc.

City & State

Lithia, Fla

Zip

33547

Country

USA

3. Mailing Office Address

5708 Eaglemount Circle

Suite, Apt. #, etc.

City & State

Lithia, Fla

Zip

33547

Country

USA

700130292477

05/28/08--01001--023 **758.75

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 12 1996

5. FEI Number

59-3432980-110412

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

Marc Dennis Goldberg

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

5708 Eaglemount Circle

Suite, Apt. #, Etc.

City

Lithia

State

FL

Zip Code

33547

☒ 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

Marc Goldberg

REGISTERED AGENT MUST SIGN

Date

5/21/08

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
President	Marc Goldberg	5708 Eaglemount Circle	Lithia, Fla 33547

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:

Marc Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/21/08

Daytime Phone #

6/25