

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000031553

1. Corporation Name

DESK AND CHAIR WAREHOUSE, INC.

Principal Place of Business

503 CEASAR ST.
TAMPA FL 33602
US

Mailing Address

C/O TEMPLE H. DRUMMOND. ESQ
PO BOX 3273
TAMPA FL 33601-3273
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



200025969792
01/05/04--01017--017 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1997

5. FEI Number

59-3440213

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 |
|---------------|---|--|-------------------------|
| D | CHEEVER, R. CLINTON | 16215 W. COURSE DRIVE | TAMPA FL 33624 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

TEMPLE H DRUMMOND ESQ .
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA FL 33602

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

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

R. Clinton Cheever R. Clinton Cheever 12-30-03 8132240357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327
Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN
THE REGISTERED AGENT NO LONGER
WORKED FOR THIS FIRM WHERE IT WAS
SENT AND THEY DID NOT FORWARD
TO ME. CLINT CHEEVER PRESIDENT
OF ~~DOCK~~ CHAIR WHS.

WE FOUND OUT WHEN OUR LANDLORD

RAN A CORP CHECK ON

OUR BUSINESS.

BUT WE ARE CLOSING
BUSINESS AT THE END OF
THIS YEAR.

THANKS

Clint Cheever

PRES. DOCK CHAIR WHS

TO:

DOCK AND CHAIR WAREHOUSE, INC.
C/O TEMPLE H. DRUMMOND, ESQ
PO BOX 3273
TAMPA FL 33601-3273
US

0111710

AT

P97000031553

**RUTO

T9 0 0610 33601-327373

OCT 09 2003



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