PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAR -8 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047555

1. Corporation Name

Furniture & Design Resources, Incorporated.

Principal Place of Business	Mailing Address
215 San Lorenzo Suite B Coral Gables FL 33146	

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
33 UNO LAGO DR.	4300 S.U.S. Hwy 1
Suite, Apt. #, etc.	Suite 203 - 346
City & State: JUNO BEACH, FL 33408	City & State: Jupiter Florida
Zip: 33408 Country: PALM BEACH	Zip: 33477 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 5/27/97 P97000047555

5. FEI Number: 65-0754741 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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******8.75 ******8.75

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 (Do NOT Use Post Office Box Numbers) 3	4
President	Jasmine - Govindoo	33 Uno Lago Drive Juno Beach, FL 33408	Juno Beach FL 33408
V.P.	Michael A. Briggs	"	"
Sec.	Michael A. Briggs	"	"
Treas.	Jasmine - Govindoo	"	"

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REINSTATEMENT 97-99 B. 3/11/99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PATRICK H. GONYEA ATTORNEY AT LAW PANZA, MAURER, MAYNARD & NEEL, P.A. [redacted] 3600 N. FEDERAL HWY. 3RD FLOOR FT. LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: FL Zip Code

CR2E081 (12/98)

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: Patrick H. Gonyea PATRICK H. GONYEA Date: 2/23/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: JASMINE R. GOVINDOO 2/17/99 (561)799-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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