

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY -1 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004814

1. Corporation Name CASH & CARRY Furniture, Inc.
~~CASH & CARRY FURNITURE, INC.~~
~~C & C FURNITURE, INC.~~

Principal Place of Business

Mailing Address

~~2810 E LONG ST~~
TAMPA FL 33605

~~2810 E LONG ST~~
TAMPA FL 33605

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

2. New Principal Office Address, If Applicable
3814 E. 7th Ave.

3. New Mailing Office Address, If Applicable
3814 E. 7th Ave

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3483656

Applied For
Not Applicable

City & State

City & State

Tampa FL

Tampa FL

Zip
33605

Country
Hillsborough

Zip
33605

Country
Hillsborough

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	RUTH, JUDITH A	1721 W POWHATAN AVE <u>4725 Joseph Ct. #334</u>	TAMPA FL 33603 <u>33614</u>
D	RUTH, LARRY C	1721 W POWHATAN AVE <u>4725 Joseph Ct. #334</u>	TAMPA FL 33603 <u>33614</u>

~~200004274742-6~~
~~-05/21/01--01180--002~~
~~****900.00 ****900.00~~

8. Name and Address of Current Registered Agent

RUTH, JUDITH A
1721 W POWHATAN AVE 4725 Joseph Ct. #334
TAMPA FL ~~33603~~ 33614

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.

Signature of
Registered Agent

Judith Ruth
REGISTERED AGENT MUST SIGN

Date 4/20/01

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:

Larry C. Ruth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Larry C. Ruth

4/20/01 813-348-9003
Date Daytime Phone #

CR2E040 (8/00)