

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -9 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030632

1. Corporation Name

OPTIONS FURNITURE, INC

REINSTATEMENT 04-07

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

117 SE 25TH RD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

D8

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33131

Country

Miami, Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650836097

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

Jose Rodriguez

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

117 SE 25TH RD

Suite, Apt. #, Etc.

D8

City

Miami

State
FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/8/07

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
P	Jose Rodriguez	117 SE 25 TH RD	MIAMI, FL, 33131

500108197415
08/18/07--01036--013 **450.00
500108197415
08/18/07--01036--014 **150.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/8/07

Daytime Phone #

Department of State
Division of Corporations

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Re: Document No: P98000030632.

To whom it may concern,

I, Jose Rodriguez president of
OPTIONS FURNITURE, INC

am writing this letter to ask you to accept my
payment for 2007 annual report of the above
mentioned corporation.

The reason of the delay is that I never received
the report and since it is first time I am in a
corporation I did not know I was supposed to
send it before May 1st. I just found out about it.

Please accept my apology and my payment.

Sincerely,



Jose Rodriguez.