

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000030632

1. Entity Name  
OPTIONS FURNITURE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 27 PM 1:35

Principal Place of Business

1701 WEST FLAGLER ST  
STE.322  
MIAMI, FL 33135 US

Mailing Address

1701 WEST FLAGLER ST  
STE.322  
MIAMI, FL 33135 US

2. Principal Place of Business - No P.O. Box #

18520 NW 67 AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

SUITE 299

Suite, Apt. #, etc.

10242008

REIN-P

CR2E098 (1/07)

City & State

Miami FL

City & State

4. FEI Number

650836097

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE  
1701 WEST FLAGLER ST  
STE.322  
MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name MARIA RAQUEL STACEY

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

18520 NW 67 AVE

SUITE 299

City

Miami

FL

Zip Code

33015

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*M. Stacey*

10-24-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RODRIGUEZ, JOSE  
STREET ADDRESS 117 SE 25TH RD, # D8  
CITY-ST-ZIP MIAMI, FL 33131 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JORGE M. RUSSO ☐ Change ☐ Addition  
STREET ADDRESS 18520 NW 67 AVE SUITE 299  
CITY-ST-ZIP Miami FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300137619469  
11/04/08--01028--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
310/27 JK

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
REINSTATEMENT 108

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jorge M. Russo*

10-24-08

Date

Daytime Phone #