

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAR 19 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040428

1. Corporation Name

A & P CABINET FURNITURE DEPOT, INC.

W02-6272

2. Principal Office Address

8725 N.W. 117 ST.

Suite, Apt. #, etc.

BAH 17

City & State

HIACLEAH GARDENS FL

Zip

33018

Country

U.S.A.

3. Mailing Office Address

4260 W. 19 AVE

Suite, Apt. #, etc.

City & State

HIACLEAH FL

Zip

33012

Country

U.S.A.

**REINSTATEMENT**

**99-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

5/01/98

5. FEI Number

☒ 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

MARIELA F. BERTOT

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

4260 W. 19 AVENUE

Suite, Apt. #, Etc.

City

HIACLEAH

State

FL

Zip Code

33012

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

REGISTERED AGENT MUST SIGN

Date 2-12-02

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
PRES	MARIELA F. BERTOT	4260 W. 19 AVE	HIACLEAH FL 33012

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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 (305) 569-5181

CR2081 (9/01)