

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000015478

1. Corporation Name

N.D.J. FURNITURE, INC.

Principal Place of Business

13263 65 NW FAVE
MIAMI FL 33168

Mailing Address

13263 65 NW FAVE
MIAMI FL 33168

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

2. New Principal Office Address, If Applicable

19914 NW 2ND AVE

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip 33169 Country DADE

3. New Mailing Office Address, If Applicable

13621 NW FAVE

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip 33168 Country DADE

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1999

5. FEI Number

65-0894959

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	JIRON, NESTOR D	1541 W 2ND AVE	HIALEAH FL 33010
MANAGER	CUADRA MARTHA	15802 NW 79 CT	MIAMI LAKES FL 33016
			600010665826 01/23/03--01032--002 ***300.00

8. Name and Address of Current Registered Agent

JIRON, NESTOR D
1541 W 2ND AVE
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name
TIRON NESTOR
Street Address (P.O. Box Number is Not Acceptable)
15802 NW 79 CT
Suite, Apt. #, Etc.
City
MIAMI LAKES
State
FL
Zip Code
33016

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-03 (305) 688-8030

Date

Daytime Phone #

CR2E040 (9/02)

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To: Division of Corporations
Att. Barbara Mitchel
From: NDJ Furniture
13263 NW 7th Avenue
N. Miami Fl 33168
Date: 01-14-03
Subj: Late fee

According our conversation by phone
I'm sending a package that we received
on January 2003 and we never received
any report 2002
Please waived our late fee.

We appreciate your cooperation

Thank you,



Martha Cuadra
General Manager