

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION  
REINSTATEMENT**



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

02 APR -4 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022390

1. Corporation Name

DISCOUNT FURNITURE DISTRIBUTION INC

2. Principal Office Address

1308 N. WARD ST

Suite, Apt. #, etc.

3. Mailing Office Address

1308 N. WARD STREET

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1999

5. FEI Number

3570815

Applied For

59-~~00000000~~

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

STUART GLASSER

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

600005308626--4

-04/19/02--01064--023

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

1308 N WARD STREET

City

TAMPA

State  
FL

Zip Code

33607

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

*Stuart Glasser*

REGISTERED AGENT MUST SIGN

Date 3/29/02

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
P/D	STUART GLASSER	1308 N. WARD STREET	TAMPA, FL 33607

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:

*Stuart Glasser* STUART GLASSER

Date

3/29/02

Daytime Phone #

813-282-0222

CR2081 (9/01)