

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000023806

1. Corporation Name

FURNITURE PARADISE, INC.

Principal Place of Business

17500 S DIXIE HWY
MIAMI FL 33157

Mailing Address

17500 S DIXIE HWY
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1999

5. FEL Number

650902934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

OC

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	VASCONCELLOS, DENISE	13370 SW 131 ST #112	MIAMI FL 33186
D	VASCONCELLOS, RICHARD	13370 SW 131 ST #112	MIAMI FL 33186

000003441760--0
10/27/00--01020--020
****758.75 ****758.75

[Handwritten signature]

8. Name and Address of Current Registered Agent

JONES, CHARLES L
9900 SE 168 STREET STE 9
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

[Handwritten signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-00

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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD VASCONCELLOS

Date

Daytime Phone #

10/13/00

(305) 256-9908

CR2E040 (8/00)