

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2:23

DOCUMENT # **P 99 000046507**

1. Corporation Name

Turtle Island Furniture Company Inc.

2. Principal Office Address

1250 Coral Way

Suite, Apt. #, etc.

3. Mailing Office Address

1250 Coral Way

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

U.S.

Zip

33145

Country

U.S.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/1999 SP

5. FEI Number

650922569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Myrtetus

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

9401 S.W. 73 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

Paul Myrtetus

REGISTERED AGENT MUST SIGN

Date

5/18/01

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	Paul Myrtetus	9401 S.W. 73 Ave	Miami, FL 33156
T/S	Peter Myrtetus	170 Buttonwood Drive	Key Biscayne, FL 33156

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:

Paul Myrtetus

PAUL MYRTETUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01

Date

(305) 285-7788

Daytime Phone #

CR2ED01 (9/00)