

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 FEB 19 AM 11:40

DOCUMENT # *P 99000048107*

1. Corporation Name

*ARMOND'S UPHOLSTERY, INC.*

2. Principal Office Address

*4744 N.E. 12TH AVENUE*

Suite, Apt. #, etc.

City & State

*FT. LAUD. FLORIDA*

Zip

*33334*

Country

*U.S.A.*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

*SAME*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*263-27-0349*

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

*CHOPOURIAN ARMENAK*

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

*4744 N.E. 12TH AVENUE*

Suite, Apt. #, Etc.

City

*FT. LAUDERDALE*

State  
*FL*

Zip Code

*33334*

*800005021868-6*

*-02/26/02-01074-004*

*\*\*\*\*158.75 \*\*\*\*158.75*

*800005021868-6*

*-02/26/02-01074-005*

*\*\*\*\*150.00 \*\*\*\*150.00*

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

*Armenak Chopourian*  
REGISTERED AGENT MUST SIGN

Date *12-12-01*

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

*PRESIDENT CHOPOURIAN ARMENAK 4744 N.E. 12TH AVENUE FT. LAUD. FL. 33334*

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:

*Armenak Chopourian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*12-12-01*

Daytime Phone #

*934-491-5432*

CR2E081 (9/00)

Doc # P99000048107

10.31-01 2002

10. - Division of Corporation, Filing Department

Dear Sir,

I am sorry to inform you that up until today, I have not received any Notice for filing Business report. This came to my attention a few days ago for this reason I am sending you check in the amount of \$158.75 which includes filing fee and Certificate of status. My Doc# is P99000048107 and there is no change absolutely in (UBR).

I truly appreciate your cooperation in this regard.

Sincerely

Armenak Chopanian.