

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000068805

1. Corporation Name

M & H FURNITURE CORPORATION

Principal Place of Business

9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256-1813

Mailing Address

9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256-1813

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

07/29/1999

SP

5. FEI Number

66-0574070

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
D	SALEM, HAKIMA	FURNITURE PLAZA, FOUR WINDS PLAZ	ST. THOMAS VI 00802
D	SALEM, MARWAN	FURNITURE PLAZA, FOUR WINDS PLAZ	ST. THOMAS VI 00802
D	SALEM, MOHAMAD	FURNITURE PLAZA, FOUR WINDS PLAZ	ST. THOMAS VI 00802
D	SALEM, MORAD	FURNITURE PLAZA, FOUR WINDS PLAZ	ST. THOMAS VI 00802

8. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

C. Randolph Coleman
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/12/00

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:

M. H. Furniture Corp.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/00

Date

721-0575

Daytime Phone #

FILED

00 DEC 15 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2ED040 (8/00)