

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

DOCUMENT # P99000069751
1. Corporation Name
THE ENGLISH FURNITURE COMPANY, INC.

Principal Place of Business Mailing Address
1525 4TH ST. 1525 4TH ST.
SARASOTA FL 34236 SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 08/05/1999
5. FEI Number 65-0944329 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MISS OWNER	NATASHA POSTANS	1525 4 TH STREET	SARASOTA, FL 34236

8. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent
Name MARY K. BLAZEWICH
Street Address (P.O. Box Number is Not Acceptable) 11105 LAKE SASSA DR
Suite, Apt. #, Etc.
City THONOTOSASSA State FL Zip Code 33592

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 Mary K. Blazewich Date 10/12/00 12/19/00
REGISTERED AGENT MUST SIGN

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: [Signature] 10/12/00 949539667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
00 DEC 26 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



06-23-00 90107 003 \$550.00

CR2E040 (8/00)

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The English Furniture Co. Inc.



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Friday October 13, 2000

To whom ever it may concern,

I received a letter from you titled Notice of Administrative Dissolution or Revocation. I was quite concerned when I received the letter as I do not remember being informed of having to do this filing.

I called your office and a gentleman there told me that you had received my check I sent for \$550 for my Corporate renewal on 06/18/00 check # 1112.

He said the application I sent with the check was not filled in correctly. He said I did not fill out the name of officers and/or directors. I have completed the new form you have sent which I received on October 13, 2000. I have not received a form to complete before this or any notification that my corporation application was filled out incorrectly. The gentleman I spoke to said I am to ask you to please waive this fee.

I would greatly appreciate this. If you have any further questions please do not hesitate to call me.

Thank you

Natasha Postans
President