

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 19 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P.99000082634

1. Corporation Name

FURNITURE UNLIMITED INC-  
TAMARAC

2. Principal Office Address

7471 N.W 57 TH ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FLORIDA

City & State

Zip

33379

Country

USA

Zip

Country

2001-2002 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/99

5. FEI Number

65 1018625

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

LUIZ DE SOUSA

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

2440 N.W 108TH DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

008887074060--C  
-08/13/02--01038--001  
\*\*\*\*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

*Luiz Desousa*

REGISTERED AGENT MUST SIGN

Date

6/30/02

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
PD	LUIZ DE SOUSA	2440 NW 108th DR	CORAL SPRINGS, FL
			33065
		05/16/01	90185 010 \$150.00

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:

*Luiz Desousa*

LUIZ DE SOUSA

6/30/02

954-721 8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/02 2 of 2

TO: FLORIDA DIVISION OF CORPORATIONS  
ATT: KATHY ASHTON

PLEASE ACCEPT FORM REINSTATEMENT  
FOR YEAR 2002. WE DID NOT  
RECEIVED ANY MAIL FROM  
FLORIDA DEPT OF STATE AS  
DISCUSSED WITH MS ANNA CHESTNUT  
WE ARE SUBMITTING CORPORATION  
REINSTATEMENT

YOUR TRULLY  
Luis Desousa

FURNITURE UNLIMITED, INC - TAMARAC  
#P99000082634