

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100272

1. Corporation Name

MANUEL'S FURNITURE, INC.

2. Principal Office Address

2835 W 6TH AVE

3. Mailing Office Address

2835 W 6TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL 33010

City & State

HIALEAH, FL

Zip

33010

Country

MIAMI-DADE

Zip

33010

Country

MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0962255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001

7. Name and Address of Current Registered Agent

Name

MANUEL PEREZ

400004562984-3

-08/30/01-01008-018

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

****780.00 ****780.00

218 S W 48TH AVE

Suite, Apt. #, Etc.

LS

City

MIAMI

State

FL

Zip Code

33134

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

X *[Signature]*

Date 07/20/2001

REGISTERED AGENT MUST SIGN

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/T/S/D	MANUEL PEREZ	218 S W 48 AVE	MIAMI FL 33134

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:

X *[Signature]*

MANUEL PEREZ

07/20/2001

305-8821998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE081 (9/00)