

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 13 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S19343**

1. Corporation Name

MODULOS DESIGN FURNITURE, INC.

2. Principal Office Address

6740 N.E. 4TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

6740 N.E. 4TH AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33138

Country

U.S.A.

City & State

MIAMI, FLORIDA

Zip

33138

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 11, 1990

5. FEI Number

650239070

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

MARIO LOPEZ

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

1075 92ND STREET

Suite, Apt. #, Etc.

APT # 504

City

BAY HARBOR

600004499386-7

-07/26/01--01007--001

*****1508.75 ***1508.75**

State

FL

Zip Code

33154

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

Mario Lopez

REGISTERED AGENT MUST SIGN

Date

JULY 11, 2001

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	MARIO LOPEZ	1075 92ND STREET #504	Bay Harbor, FL 33154
T/S	ADRIAN M. LOPEZ	1075 92ND STREET #504	Bay Harbor, FL 33154

REINSTATEMENT 96-01

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:

Adrian M. Lopez
ADRIAN M. LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 11, 2001 (305) 757-2223

Date

Daytime Phone #