

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S31603

1. Corporation Name

THE INNOVATIVE DESIGN FURNITURE MANUFACTURERS, INC.

Principal Place of Business

1104 S. WESTMORELAND DRIVE  
STE. 3  
ORLANDO FL 32805

Mailing Address

1104 S. WESTMORELAND DRIVE  
STE. 3  
ORLANDO FL 32805  
US

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

02/07/1991

5. FEI Number

- 59-3049525

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	DE LA PORTILLA, ANGEL	1104 S WESTMORELAND DR	ORLANDO FL

100008673811  
10/29/02--01132--005 \*\*150.00

8. Name and Address of Current Registered Agent

PORTILLA, ANGEL DE LA  
1104 S. WESTMORELAND DRIVE STE 3  
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CP2E040 (8/02)

**Innovative Designs**  
1104 S. Westmoreland Ave.  
Orlando, Fl. 32805  
Phone (407) 841-6422  
Fax (407) 843-6734

October 23, 2002

Division of Corporations  
Annual Report/ Reinstatement section  
P. O. Box 6327  
Tallahassee, Fl. 32314-6327

Dear Sirs:

**REF: INNOVATIVE DESIGN FURNITURE MANUFACTURERS INC. FEI 59-3049525**

We would like to inform you, that we did not receive the two uniform business report notices, at this location. We are therefore enclosing this letter, the completed reinstatement form, and the fee of \$150.00.



Angel de la Portilla  
President Innovative Design Factory Outlet Inc.