

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S34363

1. Corporation Name

RED TAG FURNITURE DISCOUNT, INC.

2. Principal Office Address - No P.O. Box #

734 NW 24 Road

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33129

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

000148811710
04/06/09--01045--002 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 02/27/91

5. FEI Number
65-0243832

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

Maria T Lopez

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

734 SW 24 Road

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Maria T. Lopez
REGISTERED AGENT MUST SIGN

Date 04-02-09

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 |
|--------|--------------------------------------|---|--------------------|
| PT | Maria T Lopez | 734 SW 24 Rd | Miami, FL 33129 |
| VP | Frank P. Lopez | 3175 SW 176 Way | Miramar, FL 33029 |
| T | Ana Lopez | 10843 SW 74 St | Miami, FL 33173 |
| S | Rosa Lopez | 734 SW 24 Rd | Miami, FL 33129 |
| | | <i>074/7</i> | |

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/09 305
3220335