

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 10 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S35693

1. Corporation Name

W. & A. Upholstery + Interiors, Inc

2. Principal Office Address

4558 N. HIATUS Rd

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33351

Country

3. Mailing Office Address

4558 N. HIATUS Rd

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33351

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/91

5. FEI Number

650244503

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

Wilson Torres

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

4558 N. HIATUS Road

Suite, Apt. #, Etc.

City

SUNRISE

State  
FL

Zip Code

33351

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/29/02

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
<u>Pres.</u>	<u>Wilson Torres</u>	<u>4558 N. HIATUS Rd</u>	<u>SUNRISE FL 33351</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/29/02

Daytime Phone #

CR2E081 (9/01)