


## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P01000037894</b> 1. Entity Name <b>HAROLD'S CUSTOM FURNITURE, INC.</b>	
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FILED

05 MAY -6 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1785 NW 136TH ST OPALOCKA, FL 33054</b>	Mailing Address <b>1785 NW 136TH ST OPALOCKA, FL 33054</b>
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05032005 REIN-P CR2E098 (6/04) **04-05**

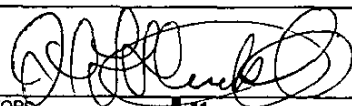
2. Principal Place of Business <b>1951 N.W. 141 ST. Suite, Apt. #, etc. # 36</b>	3. Mailing Address <b>13500 NE 3rd COURT Suite, Apt. #, etc. # 408</b>
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City & State <b>OPALOCKA FL.</b>	City & State <b>NORTH MIAMI FL.</b>	4. FEI Number <b>65-1088731</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33054</b>	Country <b>USA</b>	Zip <b>33161</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>DUNKLEY, HAROLD L 2441 SW 84TH TERRACE MIRAMAR, FL 33025 13500 N.E. 3rd. COURT, # 408 NORTH MIAMI, FL. 33161</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$900.00  5-3-05

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT DUNKLEY, HAROLD 2441 SW 84TH TERR. MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  5-3-05