


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000076886</b> 1. Entity Name <b>ANY FURNITURE INC.</b>	
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FILED  
2007 MAR 19 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1001 E 23 ST HIALEAH, FL 33013</b>	Mailing Address <b>1001 E 23 ST HIALEAH, FL 33013</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03142007 REIN-P CR2E098 (1/07)

4. FEI Number <b>20-5148108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SACASA, ANA 1417 NW 100 ST MIAMI, FL 33147</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b></span> Zip Code


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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACASA, ANA C MRS.</b>	NAME	<b>(PDYST) LUIS CASTAÑEDA-MARTINEZ</b>
STREET ADDRESS	<b>1417 NW 100 ST</b>	STREET ADDRESS	<b>1001 E 23 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 33147</b>	CITY-ST-ZIP	<b>HIALEAH, FL 33013</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>600095164896</b>
STREET ADDRESS		STREET ADDRESS	<b>03/28/07--01036--030 **300.00</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>B 3/19/07</b>
STREET ADDRESS		STREET ADDRESS	<b>REINSTATEMENT 06-07</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **SEP 08/06** Daytime Phone #: **786-290-4174**