

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 113571

1. Entity Name
MCFARLAND FURNITURE INCORPORATED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 PM 5:09

Principal Place of Business
1193 N HALIFAX AVE.
DAYTONA BEACH, FL 32118

Mailing Address
1193 N HALIFAX AVE.
DAYTONA BEACH, FL 32118

REINSTATEMENT 06



2. Principal Place of Business

3. Mailing Address SunTrust Bank
Attn: Sherry Burger, Trust
Suite, Apt. #, etc.
1510 N Ridgewood Avenue

11032006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Holly Hill, FL 32117

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

32117

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCFARLAND, JAMES D
1193 N HALIFAX AVE.
DAYTONA BEACH, FL 32018

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCFARLAND, JAMES D
STREET ADDRESS 1193 N. HALIFAX
CITY- ST- ZIP DAYTONA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
500081824255
11/15/06--01047--013 **\$150.00

TITLE TSD
NAME LOUISE M MCFARLAND
STREET ADDRESS 1193 N HALIFAX AVE
CITY- ST- ZIP DAYTONA BEACH, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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

Daytime Phone #