

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 512376	
1. Entity Name SAM SIMONE UPHOLSTERY, INC.	



FILED

2007 OCT 16 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122007 REIN-P CR2E098 (1/07)

Principal Place of Business 420 PRK PL WEST PALM BEACH, FL 33401	Mailing Address C/O BERGERON 8110-A OAKTON COURT WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 915 N. DIXIE HWY	3. Mailing Address 915 N. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401 Country	Zip 33401 Country

4. FEI Number 59-1690564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERGERON, SANDRA 8110-A OAKTON COURT WEST PALM BEACH, FL 33406	
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7. Name and Address of New Registered Agent	
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, 2008, Fee will be \$300.00	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 NAME STREET ADDRESS CITY-ST-ZIP	PD BERGERON, SANDRA 8110-A OAKTON CT WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110266616 10/16/07--01058--026 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Sandra A. Bergeron</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SANDRA BERGERON	Date: 10/12/07	Daytime Phone #: (561) 832-6915
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10/16
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