

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 530822

FILED
Oct 21, 2009
Secretary of State

Entity Name: WOOD FAMILY HOME FURNISHING CENTER, INC.

Current Principal Place of Business:

115 N. MAGNOLIA AVE.
GREEN COVE SPRG, FL 32043

New Principal Place of Business:

Current Mailing Address:

115 N. MAGNOLIA AVE.
GREEN COVE SPRG, FL 32043

New Mailing Address:

FEI Number: 59-1729406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, SUZANNE
115 N MAGNOLIA AVE
GREEN COVE SPRG, FL 32043 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SUZANNE WOOD

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, SUZANNE
Address: 115 N MAGNOLIA AVE
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: VPD (X) Delete
Name: WOOD III, CHESTER
Address: 115 N MAGNOLIA AVE
City-St-Zip: GREEN COVE SPRGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE WOOD

PD

10/21/2009

Electronic Signature of Signing Officer or Director

Date