



2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000000039 1. Entity Name JASPER CHAIR COMPANY	
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FILED
09 JAN 15 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 534 EAST 8TH STREET JASPER, IN 47547-0311	Mailing Address PO BOX 311 JASPER, IN 47547-0311
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



REINSTATEMENT

01/15/09 12:09 08-09

4. FEI Number 35-0420240	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent E & K MARKETING GROUP 2263 W. NEW HAVEN AVE. WEST MELBOURNE, FL 32904	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: *Roger Alan Roje Olson* 1/2/09
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	PRES BARTH, JEFF S	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	534 EAST 8TH STREET JASPER, IN			STREET ADDRESS CITY-ST-ZIP	600140790936 01/15/09--01012--011 **\$300.00		
TITLE NAME	SM LUEGERS, GREG S	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	534 EAST 8TH STREET JASPER, IN			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	D BARTH, CHAD F	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	534 EAST 8TH STREET JASPER, IN			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	D BERGER, GILBERT	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	534 EAST 8TH STREET JASPER, IN			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete	<i>01/1/09</i>	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS 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: *Jeff S Barth* 1-9-09 812 482 1066
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #