Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

TRS HOME FURNISHINGS, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E061 (12/08)

07-09

DOCUMENT # F05000001281

1. Corporation Name

The Rental Store, Inc d/b/a TRS Home Furnishings, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9977 N 90TH STREET		9977 N 90TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
150		150	
City & State		City & State	
SCOTTSDALE, ARIZONA		SCOTTSDALE, ARIZONA	
Zip	Country	Zip	Country
85258-4426	USA	85258-4426	USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2005

5. FEI Number: 86-0449010 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 1-22-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ROBERT REGAN	15609 N 60TH WAY	SCOTTSDALE, AZ 85254
VP	THEODORE MEIER	5401 E CHARLESTON	SCOTTSDALE, AZ 85254
CFO	STEVEN A GINGERICH	13418 N E MOUNTAIN VIEW DRIVE	BATTLE GROUND, WA 98604

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Steven Gingerich 1/27/09 480-968-7572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #