

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB 17 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200143856842
02/18/09--01001--018 **900.00

REINSTATEMENT 08-09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000000003

1. Corporation Name

Home Furnishings Solutions, Inc.

2. Principal Office Address - No P.O. Box #

10643 N Frank Lloyd Wright Blvd

3. Mailing Office Address

10643 N Frank Lloyd Wright Blvd

Suite, Apt. #, etc.

Suite I-202

Suite, Apt. #, etc.

Suite I-202

City & State

Scottsdale, AZ

City & State

Scottsdale, AZ

Zip

85259

Country

United States

Zip

85259

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-07

5. FEI Number
20-1630662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 617.0503, F.S.

Signature of
Registered Agent

Andrew J. Piotrowski

REGISTERED AGENT MUST SIGN

Date 2-12-09

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
DP	Andrew Piotrowski	10643 N Frank Lloyd Wright Blvd	Scottsdale, AZ 85259
DS	Wade TenHaken	10643 N Frank Lloyd Wright Blvd	Scottsdale, AZ 85259

REINSTATEMENT RH

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW J. PIOTROWSKI

Date

1-30-2009

Daytime Phone #

480.860.0525