2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H96091

Entity Name: BRIAN'S PATIO FURNITURE CO.

FILED Oct 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4850 SE FEDERAL HIGHWAY STUART, FL 34997 **Current Mailing Address: New Mailing Address:** 4850 SE FEDERAL HIGHWAY STUART, FL 34997 FEI Number: 59-2459110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOEL, BRIAN 4850 SE FEDERAL HIGHWAY STUART, FL 34997 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: BRIAN F. NOEL Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ROGERS, DEWEY D., Name: Name: 601 KARRIGAN TERRACE Address: Address: City-St-Zip: PORT ST LUCIE, FL City-St-Zip: DP Title: Title: () Delete () Change () Addition Name: NOEL, BRIAN F., Name: 4683 CHEERIO LANE Address: Address: City-St-Zip: STUART, FL City-St-Zip: Title: Title: DS () Delete () Change () Addition CHREITZBERG, MELISSA K Name: Name: 3841 SE DIXIE ROSS ST. Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: Title: () Delete Title: () Change () Addition SNYDER, DOUGLAS Name: Name: Address: 507 SE SUNNYBROOK TERRACE Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: Title: () Delete () Change () Addition WHITTEMORE, PETER Name: Name: 6310 SE LAKE CIRCLE DRIVE Address: Address: City-St-Zip: STUART, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: PASCUAL, MIGUEL Name: 224 SE ST. LUCIE BLVD. APY. 208 Address: Address: City-St-Zip: City-St-Zip: STUART, FL 34996

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: BRIAN F NOEL PRES 10/05/2007