

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000062709 1. Entity Name FLORIDA FURNITURE MARKETING, INC.					
Principal Place of Business 10295 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436 US			Mailing Address 10295 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1021899	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HORN, JEFFREY A 10295 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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: <u><i>Jeffrey A Horn</i></u> 4-24-06 <u><i>President</i></u> 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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORN, JEFFREY A 10295 ST. ANDREWS ROAD BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
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: <u><i>Jeffrey A Horn</i></u> 4-24-06 608-304-1809 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED
06 APR 28 AM 7:57

STATE OF FLORIDA
ALLIANCE, FLORIDA



04242006 REIN-P CR2E098 (11/05)

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