


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000037894 1. Entity Name HAROLD'S CUSTOM FURNITURE, INC.	
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FILED

05 MAY -6 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1785 NW 136TH ST OPALOCKA, FL 33054	Mailing Address 1785 NW 136TH ST OPALOCKA, FL 33054
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REINSTATEMENT
05032005 REIN-P CR2E098 (6/04) **04-05**


2. Principal Place of Business 1951 N.W. 141 ST. Suite, Apt. #, etc. # 36	3. Mailing Address 13500 NE 3rd COURT Suite, Apt. #, etc. # 408
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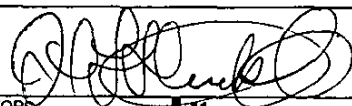
City & State OPALOCKA FL.	City & State NORTH MIAMI FL.	4. FEI Number 65-1088731	Applied For <input type="checkbox"/> Not Applicable
Zip 33054	Country USA	Zip 33161	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNKLEY, HAROLD L 2441 SW 84TH TERRACE MIRAMAR, FL 33025 13500 N.E. 3rd. COURT, # 408 NORTH MIAMI, FL, 33161	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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$900.00		5-3-05
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOT	TITLE	
NAME	DUNKLEY, HAROLD	NAME	
STREET ADDRESS	2441 SW 84TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 5-3-05