

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03) *MRD*

DOCUMENT # P02000037918 1. Entity Name RECLINERS TO GO, INC.					
Principal Place of Business 6400 LAKE WORTH RD LAKE WORTH FL 33467			Mailing Address 6400 LAKE WORTH RD LAKE WORTH FL 33467		
2. Principal Place of Business <i>6295 Lk. Worth Rd</i>		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Lk. Worth Rd FL 33467</i>		City & State 		4. FEI Number <i>42-1650527</i>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAILLANT, DANIELLE 6400 LAKE WORTH RD LAKE WORTH FL 33467			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) 		
			REINSTATEMENT <i>04</i>		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME VAILLANT, DANIELLE		TITLE 		
STREET ADDRESS 6400 LAKE WORTH RD		NAME 			
CITY-ST-ZIP LAKE WORTH FL 33467		STREET ADDRESS 			
CITY-ST-ZIP 		CITY-ST-ZIP 			
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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: <i>Danielle Vaillant</i>			Date: <i>4/28/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>561 296 0538</i>		

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TONY J. ALFERO, ESQUIRE

ATTORNEY AND COUNSELOR AT LAW
PBA EXECUTIVE COMPLEX
2850 WEST STATE ROAD 84 SUITE 102
FT. LAUDERDALE, FLORIDA 33312

MEMBER OF FL & NY BARS

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November 15, 2004

Telephone No.: 850-245-6059

Facsimile No.: 850-245-6017

Ms. Ruby Dunlap
Division of Corporations
Reinstatement Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: RECLINERS TO GO, INC.
Document No.: P02000037918

Dear Ms. Dunlap:

Pursuant to your conversation with my secretary Brean, please be advised that Recliners to Go, Inc.'s FEI number is 42-1650527. As my secretary made you aware, my client did not receive any correspondence from the Division of Corporations regarding the missing information on the Annual Report. Specifically, my client did not receive the May 12, 2004 you referred to in your conversation with her.

This will confirm that you further advised Brean that upon receipt of this information you would reinstate the corporation effective immediately with no additional expense to my client. Thank you for your time and consideration. Please advise when this is complete.

Very Truly Yours

ANTHONY J. ALFERO

AJA/btt

cc: Client