

ITEM 4

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 07 AUG 21 PM 2:12

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000069013

1. Corporation Name

LOVE'S FURNITURE WAREHOUSE
SHOWROOMS INC.

REINSTATEMENT 05-07

CR2E08: (1/07)

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

122 SEA STEPPES CT

Suite, Apt. #, etc.

3. Mailing Office Address

- SAME

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

Zip

33477

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/03

5. FEI Number

04-2267445

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

HARVEY BLOOMBERG

Street Address (P.O. Box Number is Not Acceptable)

130 SUNRISE AVE APT #405

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

☐ 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

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (For the non-profit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HARVEY BLOOMBERG	130 SUNRISE AVE	PALM BEACH FL 33480
T	SAMUEL L. BLOOMBERG	45 GREENHILL RD	BROOKLINE MA 02445
D	JEFFREY C. BLOOMBERG	262 WOODLAND RD	CHESTNUT HILL MA 02167

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08/21/07--01050--005 **1050.00

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 597.0401 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

8/18/07

Date

Daytime Phone #