

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAY 19 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000031047

1. Entity Name
FURNITURE LAYAWAY, INC.



Principal Place of Business

1299 NW 40TH AVE
LAUDERHILL, FL 33313

Mailing Address

1299 NW 40TH AVE
LAUDERHILL, FL 33313

2. Principal Place of Business - No P.O. Box #

526 Avenue A

Suite, Apt. #, etc.

3. Mailing Address

526 Avenue A

Suite, Apt. #, etc.

City & State

Fort Pierce FL

Zip
34950

Country

St Lucie

City & State

Fort Pierce FL

Zip

34950

Country

St Lucie

REINSTATEMENT

08-09

4. FEI Number
13-4285940

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, AUDREY
2605 N. S.R. 7
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent

Name

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

526 Avenue A

City

Ft Pierce

FL

Zip Code

34950

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

x

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4/22/2009

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VENTURA, SAMUEL
1299 NW 40TH AVE
LAUDERHILL, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
800155146338
05/01/09--01064--001 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 line empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/09