## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000083295

FILED Oct 16, 2009 Secretary of State

Entity Name: THE FURNITURE SOLUTION FOR HOME AND OFFICE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
13741 S T UNIT #4	AMIAMI TRL		15901 S TAMIAMI TRI UNIT #1	-
	'ERS, FL 3391	2 US	FORT MYERS, FL 33	912 US
Current N	/lailing Addre	ss:	New Mailing Address	s:
	MINE LAKE CI FL 34119 l	RCLE JS		
FEI Numbei	r: 34-1997389	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address o	of New Registered Agent:
The above in the Stat	e of Florida.			d office or registered agent, or both,
The above in the Stat	e named entity e of Florida RE: <u>CORPO</u> I	submits this statement for the	ıy	d office or registered agent, or both,  Date
The above in the Stat SIGNATU	e named entity te of Florida.  RE: CORPOI Electro	submits this statement for the RATION SERVICES COMPAN nic Signature of Registered Ag 93(2)(b), F.S., the corporation did n	IY gent	
The above in the Stat SIGNATU In accordar Election Ca	e named entity te of Florida.  RE: CORPOI Electro	submits this statement for the RATION SERVICES COMPAN nic Signature of Registered Ag 93(2)(b), F.S., the corporation did no Trust Fund Contribution ().	Y  ent  ot receive the prior notice.	
The above in the Stat SIGNATU In accordar Election Ca	e named entity e of Florida.  RE: CORPOI Electro nce with s. 607.19 Impaign Financir S AND DIRECT	submits this statement for the RATION SERVICES COMPANnic Signature of Registered Ages(2)(b), F.S., the corporation did not frust Fund Contribution ( ).  CTORS:  ) Delete  ALEEN M E LAKE CIRCLE	Y  ent  ot receive the prior notice.	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LEVOY VP 10/16/2009