

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000090061

FILED
Dec 08, 2005
Secretary of State

Entity Name: DREAM KIDZZZ...FURNITURE, INC.

Current Principal Place of Business:

5325 ASHTON COURT
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5325 ASHTON COURT
SARASOTA, FL 34233

New Mailing Address:

16528 NORTH DALE MABRY HWY
TAMPA, FL 33618

FEI Number: 80-0111171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

SANDERS, WALTER S
16528 NORTH DALE MABRY HWY
TAMPA, FL 33618 US

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.

SIGNATURE: WALTER S. SANDERS

12/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARKIN, LUCAS
Address: 5325 ASHTON COURT
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: BARNETT, JOSEPH
Address: 14336 AMITY ROAD
City-St-Zip: BROOKVILLE, OH 45309

Title: D () Delete
Name: LARKIN, KEVIN M
Address: 4803 HOYER DR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUCAS LARKIN

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12/08/2005

Electronic Signature of Signing Officer or Director

Date