2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000129735

Entity Name: JR ARCE UPHOLSTERY, INC.

FILED Oct 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

954 S. HOAGLAND BLVD.

SUITE B

KISSIMMEE, FL 34744

KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

954 S. HOAGLAND BLVD.
SUITE B
KISSIMMEE, FL 34741

1201 INGRAM ST
KISSIMMEE, FL 34744

FEI Number: 20-1636929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCE, RITA M
954 S. HOAGLAND BLVD.
SUITE B
KISSIMMEE, FL 34741 US

ARCE, RITA M
1201 INGRAM ST.
KISSIMMEE, FL 34744 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: RITA ARCE 10/16/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:title:v} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

 Name:
 ARCE, GERMAN R
 Name:
 ARCE, GERMAN R

 Address:
 954 SOOTH HOAGLAND BLVD. STE. B
 Address:
 1201 INGRAM ST.

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 KISSIMMEE, FL 34744

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

 Name:
 PEARLMAN, ADRIANA
 Name:
 PEARLMAN, ADRIANA

 Address:
 954 S. HOAGLAND BLVD., SUITE B
 Address:
 1201 INGRAM ST

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 KISSIMMEE, FL 34744

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: ADRIANA PEARLMAN V 10/16/2009