

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 FEB 18 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

CR2E081 (12/07)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P06000025637

1. Corporation Name

ASHLEY FURNITURE-LOREN HARRIS INC.

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

3599 CONROY ROAD

Suite, Apt. #, etc.

STE 932

City & State

ORLANDO, FLORIDA

Zip

32839

Country

US

3. Mailing Office Address

3599 CONROY ROAD

Suite, Apt. #, etc.

STE 932

City & State

ORLANDO, FLORIDA

Zip

32839

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

02/20/2006

5. FEI Number

☒ 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

LOREN HARRIS

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

3599 CONROY ROAD

Suite, Apt. #, Etc.

STE 932

City

ORLANDO

State

FL

Zip Code

32839

☒ 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

*Loren Harris*

Date 01/16/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LOREN HARRIS	5550 ALUTHRA WAY	ORLANDO FL 32839
P	KEON CHAPTMAN	5473 WILLIE MAYS PARKWAY	ORLANDO FL 32811

600143899226  
02/18/09--01018--004 \*\*\*450.00

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 607.0401 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:

*Loren Harris* *Loren Harris*

01/16/2009 N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2009