

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000076322

FILED
Jun 22, 2008
Secretary of State

Entity Name: FACTORY FURNITURE REPAIR INC.

Current Principal Place of Business:

4400 S W 30 STRET
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

4400 S W 30 STRET
HOLLYWOOD, FL 33023

New Mailing Address:

4400 S W 30 STREET
HOLLYWOOD, FL 33023

FEI Number: 65-0684957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULMAN, WILLIAM
4400 S W 30 STREEET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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: WILLIAM SCHULMAN

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: P/D () Delete
Name: SCHULMAN, WILLIAM
Address: 4400 S W 30 STREEET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SCHULMAN, WILLIAM
Address: 4400 S W 30 STREET
City-St-Zip: HOLLYWOOD, FL 33023

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: WILLIAM SCHULMAN

Electronic Signature of Signing Officer or Director

OWNE

06/22/2008

Date