

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000100329		
1. Entity Name DESIGN GROUP FURNITURE INC.		


Principal Place of Business 2385 NE 173 ST., #A313 N. MIAMI BEACH, FL 33160	Mailing Address 2385 NE 173 ST., #A313 N. MIAMI BEACH, FL 33160
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2. Principal Place of Business - No P.O. Box # 2385 NE 173 St. # Suite, Apt. #, etc. #A313	3. Mailing Address 2385 NE 173 St Suite, Apt. #, etc. #A313
City & State N. Miami Beach, FL Zip 33160 Country Miami-Dade	City & State N. Miami Beach, FL Zip 33160 Country Miami-Dade

FILED

2007 OCT 12 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10042007 REIN-P CR2E098 (1/07)

4. FEI Number 20-5850711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BELEVA, KREMENA 2385 NE 173 ST., #A313 N. MIAMI BEACH, FL 33160	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kremena Beleva pres. DATE 10/05/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELEVA, KREMENA 2385 NE 173 ST., #A313 N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  400110706424 10/12/07--01009--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [Signature]

10/15/07