


2008 FOR PROFIT CORPORATION REINSTATEMENT

pg 1 of 2

DOCUMENT # R06000100329 1. Entity Name DESIGN GROUP FURNITURE INC.						FILED 08 MAR 10 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business - No P.O. Box # 2801 NE 183 St.		3. Mailing Address 2801 NE 183 St		 REINSTATEMENT 03/06/08 07-08			
Suite, Apt. #, etc. 1211		Suite, Apt. #, etc. 1211					
City & State Aventura, FL		City & State Aventura, FL					
Zip 33160		Zip 33160					
Country USA		Country USA		4. FEI Number 20-5350711			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BELEVA, KREMENA 2385 NE 173 ST., #A313 N. MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2801 NE 183 St. #1211 City Aventura FL Zip Code 33160			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 03.06.2008			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME BELEVA, KREMENA STREET ADDRESS 2385 NE 173 ST., #A313 CITY-ST-ZIP N. MIAMI BEACH, FL 33160				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2801 NE 183 St STREET ADDRESS 1211 CITY-ST-ZIP 33160			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 03.06.08			
Daytime Phone # 305 6921770							

I KREMENA BELEVA, THE OWNER AND DIRECTOR OF DESIGN GROUP FURNITURE, INC, HAVE NOT RECEIVED ANY ADDITIONAL INFORMATION OR NOTICE FROM THE DEPARTMENT OF CORPORATIONS, REGARDING A CHECK, THAT WAS SENT TO PAY THE REINSTATEMENT FEE, THAT WAS RETURNED FORM THE BANK FOR NSF.
I SPOKE TO ONE OF YOUR REPS. AND THEY ADVICE ME NOT TO SEND ANOTHER CHECK UNTIL I HEAR BACK FROM YOU.
I HAVE NOT RECEIVED ANYTHING SINCE THEN, AND NOW I AM SENDING YOU A CHECK TO COVER MY REINSTATEMENT FEE FOR THE YEAR OF 2007 AND 2008.

DESIGN GROUP FURNITURE
KREMENA BELEVA
03.06.2008
