2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000040179

ADVANI, TIRATH

2900 WEST SAMPLE ROAD STORE 100

POMPANO BEACH, FL 33073

Name:

Address: City-St-Zip:

FILED Nov 02, 2006 Secretary of State

Entity Name: GALAXY FURNITURE, INC. **Current Principal Place of Business: New Principal Place of Business:** 2900 W SAMPLE RD STORE #100 POMPANO BEACH, FL 33073 US **New Mailing Address: Current Mailing Address:** 2900 W SAMPLE ROAD STORE 100 POMPANO BEACH, FL 33073 US FEI Number: 65-0584722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADVANI, AVINASH T 2900 WEST SAMPLE ROAD STORE 100 POMPANO BEACH, FL 33073 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: AVINASH ADVANI 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: Title: () Delete () Change () Addition ADVANI, AVINASH T Name: Name: 2900 W SAMPLE ROAD STORE 100 Address: Address: City-St-Zip: POMPANO BEACH, FL 33073 City-St-Zip: Title: ADVA Title: () Delete (X) Change () Addition Name: ADVANL AMIT T Name: ADVANL AMIT T 2900 WEST SAMPLE ROAD STORE 100 2900 WEST SAMPLE ROAD STORE 100 Address: Address: POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: AVINASH ADVANI 11/02/2006