

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 10 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11282007 REIN-P CR2E098 (1/07)

DOCUMENT # P96000010547 1. Entity Name BASS'S FURNITURE & APPLIANCE WAREHOUSE, INC.					
Principal Place of Business 303 N.W. HATLEY STREET JASPER, FL 32052			Mailing Address PO BOX 327 JASPER, FL 32052 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3368322	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS STREET SUITE 2 TALLAHASSEE, FL 32301				Name Brendan G. Slattery Street Address (P.O. Box Number is Not Acceptable) 2750 Old St. Augustine Rd, N-145 City Tallahassee, FL	
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 <u>Brendan G. Slattery</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>12/08/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, CAROLYN LOUISE P O BOX 327 JASPER, FL 32052	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 300113229863 12/18/07--01027--011 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASS, JOHN J JR 3812 NW US HWY 129 JASPER, FL 32052	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EATMON, ACENITH C 1407 SHADY OAK DR JASPER, FL 32052	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 12-07	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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: <u>Acenith C Eatmon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>12/3/07</u> DAYTIME PHONE # <u>386-792-2725</u>	