2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2006
Secretary of State

DOCUMENT# P96000023773

Entity Name: A.C. FURNITURE CORP.

Current Principal Place of Business:

BELLINI FURNITURE
50 MIRACLE MILE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

BELLINI FURNITURE
50 MIRACLE MILE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0664301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ALLAN M
50 MIRACLE MILE
CORAL GABLES, FL 33134 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: ALLAN M COHEN
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: O ( ) Delete
Name: COHEN, ALLAN
Address: 883 CAPTIVA DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete
Name: COHEN, CAROL
Address: 4301 SANDERS STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: COHEN, STANLEY
Address: 4301 SANDERS STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ALLAN M COHEN O 10/11/2006
Electronic Signature of Signing Officer or Director Date