

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAY -6 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000072767**

**1. Corporation Name**

**DISCOUNT FURNITURE, INC.**

**2. Principal Office Address**

**508 W. BREVARD ST.**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**5369 APPLIEDORE LN.**

Suite, Apt. #, etc.

**City & State**

**TALLAHASSEE, FL**

**City & State**

**TALLAHASSEE, FL**

**Zip**

**32301**

**Country**

**USA**

**Zip**

**32309**

**Country**

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**9-18-97**

**5. FEI Number**

**59-3515857**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

**JAMES A. PFEIL**

**Street Address (P.O. Box Number is Not Acceptable)**

**5369 APPLIEDORE LN.**

Suite, Apt. #, Etc.

**City**

**TALLAHASSEE**

**State**

**FL**

**Zip Code**

**32309**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

**James A. Pfeil**

REGISTERED AGENT MUST SIGN

Date

**5-7-02**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PRES.  | JAMES A. PFEIL                       | 5369 APPLIEDORE LN.                               | TALLAHASSEE, FL, 32309 |
| V.P.   | GEOFFREY H. HARRISON                 | 2585 OLDBOTTOM RD.                                | TALLAHASSEE, FL, 32312 |
| SEC.   | WILLIAM JIMMONS                      | 729 WESTWOOD DR.                                  | MILTON, FL, 32570      |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

**James A. Pfeil / JAMES A PFEIL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5/7/02**

Daytime Phone #

**850-668-1156**

5-7-02

FLORIDA DEPT. OF STATE

TO WHOM IT MAY CONCERN,

RE: DISCOUNT FURNITURE, INC. # P97000072767

I AM RESPONSIBLE FOR FILING THE REGISTRATION FOR THE ABOVE LISTED CORPORATION. I HAD A SERIOUS ILLNESS BEGINNING IN APRIL OF 2001. I HAD A PERSON IN MY EMPLOYMENT AT THAT TIME WHO TOOK OVER MY RESPONSIBILITIES WHICH WOULD HAVE INCLUDED THE FILING. I DID NOT WORK FROM APRIL 11TH UNTIL THE LAST WEEK OF NOVEMBER 2001. THE REGISTRATION WAS NOT FILED I WAS JUST MADE AWARE OF THIS LAST WEEK. I ASK THAT YOU PLEASE WAIVE LATE FEES IN THIS MATTER. THE EMPLOYEE IS NO LONGER WITH ME AND I HAVE NO IDEA WHY THIS WAS NOT DONE ON TIME.

THANK YOU,

Jim Pford