

2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

04-05

DOCUMENT # P99000029282

1. Entity Name
PAYLESS HOME FURNISHINGS INC.



FILED

05 JAN 19 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
738 N.E. 167TH STREET
MIAMI, FL 33162

Mailing Address
738 N.E. 167TH STREET
MIAMI, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

REIN-P

CR2E098 (6/04)

4. FEI Number
65-0890791

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEN, KOO KAO
738 N.E. 167TH STREET
MIAMI, FL 33162

Name
Chen, Kou Kao

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D THANH-NGA THI TRAN
STREET ADDRESS
738 NW 167TH STREET
CITY-ST-ZIP
MIAMI, FL 33162

☒ Delete

TITLE
NAME
DP CHEN KOU KAO
STREET ADDRESS
738 NE 167th Street
CITY-ST-ZIP
Miami, FL 33162

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/05

305-219-6697