


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|
| DOCUMENT # P99000076686                                  |  |  |
| 1. Entity Name<br>FLORIDA/CAROLINA FURNITURE OUTLET INC. |  |   |

FILED  
08 OCT 13 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

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| Principal Place of Business<br>3797 SOUTH MILITARY TRAIL<br>LAKE WORTH, FL 33463 | Mailing Address<br>3797 SOUTH MILITARY TRAIL<br>LAKE WORTH, FL 33463 |
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|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc. <i>Same as Above</i>       | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

|  |                               |
|--|-------------------------------|
| 10032008 REIN-P CR2E098 (1/07)   |                               |
| 4. FEI Number<br>65-0943894  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                     |  |
| BRADY, WILLIAM<br>3797 SOUTH MILITARY TRAIL<br>LAKE WORTH, FL 33463 |  |

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| 7. Name and Address of New Registered Agent  |  |
| Name <i>George BRADY</i>   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><i>3797 South Military Trail</i> |  |
| City <i>Lake Worth FL</i> Zip Code <i>33463</i>  |  |

|   |      |
|---|------|
| 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 <i>George Brady</i>   | DATE |

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| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BRADY, GEORGE<br>3797 S MILITARY TRAIL<br>LAKE WORTH, FL 33463 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>000136876600<br>10/13/08--01045--009 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRADY, WILLIAM<br>3797 S MILITARY TRAIL<br>LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 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. |  |
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|--|-----------------------|
| SIGNATURE: <i>George Brady</i>                                     | 10-08-08 561-963-2022 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone #  |