

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S58560

**FILED**  
**Oct 22, 2009**  
**Secretary of State**

**Entity Name:** THOMAS ANTHONY'S FURNITURE SERVICE INC.

**Current Principal Place of Business:**

3191 SW 11TH ST  
BLDG 600  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

3191 SW 11TH STREET  
BLDG 600  
DEERFIELD BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 65-0275045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANNASARDO, THOMAS  
3191 SW 11TH STREET  
BLDG 600  
DEERFIELD BEACH, FL 33064 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:** THOMAS SANNASARDO

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:** PST ( ) Delete  
**Name:** SANNASARDO, THOMAS  
**Address:** 3191 SW 11TH STREET #600  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

**Title:** D ( ) Delete  
**Name:** SANNASARDO, THOMAS  
**Address:** 3191 SW 11TH STREET  
**City-St-Zip:** DEERFIELD BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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 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:** THOMAS SANNASARDO

**PRES**

**10/22/2009**

Electronic Signature of Signing Officer or Director

Date