PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

ecretary of State	
NON OF CORPORATIONS	

DO	CU	ME	NT	#
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593086

1. Corporation Name .

A-COIN & STAMPS GALLERY, INC.

Principal Place of Business

Mailing Address

6217 ST AUGUSTINE RD JACKSONVILLE FL 32217 6217 ST AUGUSTINE RD JACKSONVILLE FL 32217



01 OCT 18 PH 7: 36

If above at	ddresses are	incorrect in any way, line th	rough incorrect ir	nformation a	nd enter cor	rection below.			
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 11/15/1978					
Suite, Apt. #, etc. Suite, Apt. #					5. FEI Number		Applied For-		
City & State City & State		•				59-1866872	Not Applicable		
Zip		Country	Zip		Country		6.	S8	75 Additional Fee required
Zip		Country	Ziβ		Country		CERTIFICATE		for a Certificate of Status
7. Names a	and Street Add	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corporatio	ns must list at lea	ast 3 directors)		
Title(s)	2	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
VST	HATCHETT	r, william R JR	6217 ST AUGI			GUSTINE RD		JACKSONVILLE, FL 00000	
Р	HATCHETT, WILLIAM R IV			6217 ST AUGUSTINE RD		JACKSONVILLE, FL 00000			
vs	VS HATCHETT, WILLIAM R., JR			6217 ST. AUGUSTINE ROAD		JACKSONVILLE FL			
								10004661 -11/01/010 ****158.75	
	8. Nam	e and Address of Curren	t Registered Age	ent	· · · · · · · · · · · · · · · · · · ·		9. Name and A	ddress of New Registered	Agent
		management and an anti-			اد بسیدج	Name			
	HETT, WILLIA					Street Address (F	P.O. Box Number	s Not Acceptable)	
JACKSONVILLE FL 32217				ļ.	Suite, Apt. #, Etc.				
					•	City State Zip			
10. I, being	appointed the	registered agent of the ab	ove named corpo	oration, am fa	amiliar with	and accept the o	bligations of Section	on 607.0505, F.S.	
Signature of Registered A	f Agent	S10 <i>JU</i>	TI SIO	Satz ENT MUST	/ SIGN	W.D		Date	1/2/31
		officer or director or the rece	eiver or trustee en	npowered to	execute this			pter 607 or 617, F.S. I furthe	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

NILIXUR, HOCKETT

A-COIN & STAMP GALLERY, INC.

Dealer in Coins • Gold & Silver • Diamonds • Stamps

Rolex Watches

Pocket Watches

October 17,2001

State of Florida Division of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, Florida 32314-5327

Gentlemen:

We have no record of havin received the initial statement from your offic for the year 2001. We have been in business since 1978 and have always filed on a timely basis.

This letter is being forwarded in conformance with your telephone instructions. Enclosed please find our check for \$158.75.

William R. Hatchett IV Pres