

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 APR 28 AM 8:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *N48041*

1. Corporation Name

Historic Florida Reproductions, INC

Principal Place of Business

Mailing Address

5018 The Riviera
 Tampa, Florida 33609

REINSTATEMENT *9798*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3161804

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>Pres/</i>	Sylvia Vega Smith	5018 The Riviera	Tampa, Fl 33609
<i>V.P/ Sec</i>	Cynthia Hardin	4010 El Prado	Tampa, fl 33629
<i>Dir</i>	Patracia P. Ayala	4907 Pilgram's Path Way	Tampa, Fl. 33611
<i>Dir</i>	Rebecca Clarke	46 Bahama Cir.	Tampa, Fl.33605
			000002508650-- 5 -05/04/98--01008--006 ****306.25 ****306.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

H. Vance Smith
 Smith Clark et al
 Post Office Box 2930
 Tampa, Fl 33601

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

*100 N. Tampa St
 Suite 2120
 Tampa Fl
 33602*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/9/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Not Applicable
 Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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:

Sylvia Vega Smith President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Sylvia Vega Smith

4/9/98
 Date

813-284-2467
 Daytime Phone #

CR2E040 (1/98)