

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

200003472982

FILED
00 OCT 30 PM 12:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N95000001558

1. Corporation Name

OLD FIRE HOUSE PRESERVATION, INC.

Principal Place of Business

Mailing Address

FIREHOUSE #3 GRINNEL ST.
KEY WEST FL
US

P.O. BOX 5563
KEY WEST FL 33041
US



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-11/21/00--01079--024

****61.25 ****61.25

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

04/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0621842

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	VEGA, ALEX	418 FLAGLER 1543 4th ST.	KEY WEST FL 33040
T	CHIBBARO, ROSE	87 BAY DR	KEY WEST FL 33040
SD	WROLLY, MOLLY WYLLY	1512 ASHBY	KEY WEST FL
VPB	LANGLEY, WRIGHT	821 GEORGIA	KEY WEST FL
T	DENISE HARPER	417 EATON ST	KEY WEST, FL 33040

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIBBARO, ROSE
87 BAY DR
KEY WEST FL 33040

Name Alex Vega
Street Address (P.O. Box Number is Not Acceptable) 1543 Fourth ST.
Suite, Apt. #, Etc.
City Key West State FL Zip Code 33040

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

SIGNATURE REQUIRED

Date 10/19/00

REGISTERED AGENT MUST SIGN

11. 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)(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 REQUIRED

10/19/00

Date Daytime Phone #

KE

adfa

OLD FIRE HOUSE PRESERVATION, INC.
P.O. Box 5563
Key West, Florida 33045

Florida Department of State
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # N95000001558
FEI # 65-062842

Enclosed please find a completed application for reinstatement and check # 1055 in the amount of \$61.55.

We failed to submit our annual report/uniform business report in a timely manner because we did not receive a renewal report.

Please advise us if you need additional information.

Sincerely,



Denise H. Harper
Treasurer

Enclosure