PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 18 PM 4: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

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11/18/03--01004--007 **236.25

DOCUMENT # N96000004400

1. Corporation Name

SOUTH DIXIE ANTIQUE ROW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3700 SOUTH DIXIE #6 WEST PALM BEACH FL 33405 US	~~PO BOX 6815~~ % NANCY NAUMAN ~~WEST PALM BEACH FL 33405~~ US

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
	3700 So Dixie
Suite, Apt. #, etc.	Suite, Apt. #, etc. #6
City & State	City & State West Palm Beach FL
Zip / Country	Zip 33405 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/22/1996

5. FEI Number: 65-0682424 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	~~NAUMAN, NANCY A~~	~~3717 S. DIXIE HWY~~	~~WEST PALM BEACH FL 33405~~
~~D~~	~~BLICKSILVER, JANE~~	~~3700 S. DIXIE HWY~~	~~WEST PALM BEACH FL 33405~~
~~T~~	~~STRASSER, DAVID~~	~~6964 S DIXIE HWY~~	~~WEST PALM BEACH FL 33405~~
D	REYES, ALLAN	3632 S. DIXIE HWY	WEST PALM BEACH FL 33405
D	NEITZ, ELIZABETH	3717 S DIXIE HWY	WEST PALM BEACH FL 33405
D	FRENCH, RON	3800 SO DIXIE HWY	WEST PALM BEACH FL 33405

8. Name and Address of Current Registered Agent

COFFEY, TRACY
3700 S DIXIE HWY #6
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State FL / Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: Tracy Coffey — Date 11/7/03
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: Elizabeth N. Neitz 11/7/03
Tracy Coffey 11/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/03)