

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED

00 FEB 15 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004756**

1. Corporation Name
THE PRESERVATION STATION, INC.

Principal Place of Business Mailing Address
10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618 **10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618**



REINSTATEMENT 99-2000

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

2. New Principal Office Address, If Applicable 4001 Cypress Lane		3. New Mailing Office Address, If Applicable 4001 Cypress Lane		4. Date Incorporated or Qualified To Do Business in Florida 08/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3500232	
City & State TAMPA FL		City & State Tampa FL		Applied For Not Applicable	
Zip 33624	Country USA	Zip 33624	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ARONOFF, SUSAN	10320 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
P	ARONOFF, STANLEY	10320 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
VPS	ARONOFF, MILDRED	10320 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
D	HOLT, PATTI	2991 24TH AVENUE NE	NAPLES FL 34120
D	HERRERO, PAV Jennifer Ream	P.O. BOX 96 719 Lantana # 78	ODESSA FL 33556 78404 Corpus Christi, TX
D	Steve Cannella	14822 Daisy Lane	TAMPA, FL 33613

8. Name and Address of Current Registered Agent ARONOFF, SUSAN E 10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618		9. Name and Address of New Registered Agent Name SUSAN E. ARONOFF Street Address (P.O. Box Number is Not Acceptable) 4001 Cypress Lane Suite, Apt. #, Etc. 700003145402-50 City Tampa State FL Zip Code 33624	
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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 *Susan E. Aronoff* **SIGNATURE REQUIRED** Date **2/10/00**
REGISTERED AGENT MUST SIGN

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: *Susan E. Aronoff* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** Date **2/10/00** Daytime Phone # **813-690-9696**

CR2E040 (8/99)