


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

19

APPLICATION FOR REINSTATEMENT



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

FILED  
99 JAN 13 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000(21)

1. Corporation Name  
LINENS ETC. INC.

Principal Place of Business Mailing Address

1233-A APALACHEE PKWY TALLAHASSEE, FL 32301

3002 South Shore Cir TALLAHASSEE, FL 32312

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	
City & State		City & State		59-3216756	
Zip		Country		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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Charles F. Walters	3002 Southshore Dr	Tallahassee, FL
D	Kathy Walters	" "	" "

600002742746--1  
-01/15/99--01003--006  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CHARLES E. WALTERS 3002 SOUTHSHORE CIR. TALLAHASSEE, FL 32312		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: Charles E. Walters Date: \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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: Charles E. Walters Date: 1/13/99 Daytime Phone #: 850-656-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHARLES E. WALTERS

CPRE001 (12/98)

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JANUARY 13, 1999


Florida Dept of State - Division of Corporations

RE: Application for REINSTATEMENT - WINERS Etc Inc

GENTLEMEN:

I did not receive my RENEWAL document for the ABOVE CORPORATION and I did not know about the ANNUAL FEES required for CORPORATIONS.

Sincerely,

  
PRES.