PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION (1) FOR O(1/0 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

N97000004756 DOCUMENT

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**

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMENT 99 /2000

If above ac	ddresses are ir	ncorrect in any way, line thr	ough incorrect int	ormation and	enter correction below.				
2. New Principal Office Address, if Applicable 3. New Mall 4001 (110YCS) Lane 4001			ing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/20/199		997 SP		
Suite, Apt. #	#, etc.	·	Suite, Apt. #,	atc.	_	5. FEI Number	E0.0E00000		Applied For
City & State	MPA	EI	City & State	- a	,		59-3500232		Not Applicable
Zip 334	024	Country	Tam 336	74 °	Eountry USA	<u> </u>	OF STATUS DESIRED		itional Fee required tificate of Status
7. Names a	and Street Add	resses of Each Officer and	or Director (Flor	ida nonprofit c	orporations must list at le	ast 3 directors)			
Title(s)	2	Name of Officers and/or Directors	A Company	3	Street Address of Each Officer and/or Director		City	y / State / Zir)
D	ARONOFF,	SUSAN		10320 CAF	ROLLWOOD LANE, S		TAMPA FL 33818	336	a 4

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ARONOFF, SUSAN	1 10020 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
Р	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 93618 33624
D	HOLT, PATTI	2991 24TH AVENUE NE	NAPLES FL 34120
D	HERRERO, PAY Jennifer Ream	70 BOX 96 719 Lantana #78	ODESSAFL 33556 78404 Corpus Christi, TX
D	Stere Cannella	14822 Daisy Lane	TAMPA, FL 33613

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARONOFF, SUSAN E 10320 CARROLLWOOD LANE, SUITE 62 **TAMPA FL 33618**

HEONOFF O. Box Number is Not Acceptable)

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.

Name

Signature of Registered Agent

A 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.

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