

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:46

DOCUMENT # 525990

1. Corporation Name

WHOLESALE ANTIQUE CENTER, INC.

Principal Place of Business

Mailing Address

5758 BIRD RD.
MIAMI FL 33155

5758 BIRD RD.
MIAMI FL 33155

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1977

5. FEI Number

59-1741020

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
P	COSCIA, ERNEST	5758 BIRD RD	MIAMI FL
SD	REARDON, THOMAS	5758 BIRD ROAD	MIAMI FL 33155

400004663584-9
-11/02/01--01012--005
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COSCIA, ERNEST
5758 BIRD RD.
MIAMI FL 33155

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/19/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/01

Day

Daytime Phone #

CR2ED040 (801)

292

Wholesale Antique Center Inc.
5758 Bird Road
Miami, Fl. 33155

10/13/01

Department of Corporations,

Enclosed please find our check, #19041 in the amount of \$150.00, and another
fully executed annual report. Please note that on 4/15/01 with check #18631 the annual
report was mailed to you. I have checked with my bank and the check is still outstanding.

Under the circumstances, please allow this one time, and waive the additional charges.

Thank you for your anticipated cooperation, and waive of fees.

Sincerely,

Frank Cooper