

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1741020

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

100023750861
10/13/03--01089--014 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/03

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

Date

Daytime Phone #

ERNEST COSCIA 10/8/03 3056674960

CR2E040 (7/03)

W.

Est. 1977

10/8/03

Division of Corporations,

This letter is to state that
we did not receive in the
mail, the UBR notices.

We request that the reinstatement
fee be waived.

Enclosed please find the completed
form along with the \$150.⁰⁰ check for
the fee to file.

Thank You,
E. Cova

Wholesale Antique Center Inc.
5758 Bird Road, Miami Fl. 33155
Phone (305) 667-4960 . Fax (305) 667-8178