

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F00000000134**

1. Corporation Name

ANTIQUELAND USA, INC.

Principal Place of Business

Mailing Address

5000 BEE CAVES ROAD, SUITE 200
AUSTIN TX 78746

5000 BEE CAVES ROAD, SUITE 200
AUSTIN TX 78746

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

01/03/2000

5. FEI Number

74-2880102

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
PSTD	ORTON, JOHN T	5000 BEE CAVES ROAD, SUITE 200	AUSTIN TX 78746
CD	LOGUE, COURTLAND L JR.	5000 BEE CAVES ROAD, SUITE 200	AUSTIN TX 78746
VD	LOGUE, COURTLAND L III	5000 BEE CAVES ROAD, SUITE 200	AUSTIN TX 78746
D	GROSSMAN, CARY	9821 KATY FREEWAY, SUITE 500	HOUSTON TX 77024
D	LAPEER, KARL E	535 GRISWOLD STREET, SUITE 2050	DETROIT MI 48226

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~C-T CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND ROAD~~
~~PLANTATION FL 33324~~

Name

John T. Orton

Street Address (P.O. Box Number is Not Acceptable)

11260 Beach Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

John T. Orton
REGISTERED AGENT MUST SIGN

Date

1/31/02

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

Kelly R Byrd
Kelly R Byrd Controller

Date

1/31/02

Daytime Phone #

512-347-8488

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****900.00 ****900.00



REINSTATEMENT 01-02

CR2040 (801)