

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
AND
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98 NOV 23 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001029

1. Corporation Name

LONDON CONTEMPORARY ART INC.

Principal Place of Business

Mailing Address

6950 PHILLIPS HWY.
SUITE 51
JACKSONVILLE FL 32216

6950 PHILLIPS HWY.
SUITE 51
JACKSONVILLE FL 32216

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

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1997

5. FEI Number

36-3484913

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JOHNSTON, PERS	132 LOTS RD	LONDON ENGLAND
P	STANCOMB, ANDREW	132 LOTS RD	LONDON ENGLAND

200002704122--5
-12/04/98--01116--024
****758.75 ****758.75

11/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIVERMORE, GEORGE
18456-NE 2ND AVE
NORTH MIAMI FL 33179

Name

Susan Williams

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

6950 Phillips Hwy

Suite, Apt. #, Etc.

Suite 51

City

Jacksonville

State

FL

Zip Code

32216

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

Susan Williams
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/9/98

11. This corporation owes or has paid 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:

Amor
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)