

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 24 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006149

1. Corporation Name

PARIS ANTIQUES, INC.

Principal Place of Business

Mailing Address

7781 NW 73 COURT  
MIAMI FL 33166  
US

7781 NW 73 COURT  
MIAMI FL 33166  
US

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

11/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0782967

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
PSC	PEREIRA, ALAIN	7781 NW 73 COURT	MIAMI FL 33166

900016956019

04/24/03--01039--025 \*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILNE, ROBERT X  
PH II  
9350 S. DIXIE HIGHWAY  
MIAMI FL 33156  
  
Charles ALAN ROSS  
3845 South West 41st  
PETERBROKE PARK  
33023 FLORIDA.

Name

ALAIN PEREIRA

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

7781 NW 73rd COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

ALAIN PEREIRA  
*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

04/18/2003

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:

ALAIN PEREIRA  
*[Signature]*  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/18/2003

Daytime Phone #

CR12E040 (8/02)