

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000000253

1. Corporation Name

SLOANS AUCTION GALLERIES LTD. CO.

FILED

00 OCT 19 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4920 WYACONDA RD.
NORTH BETHESDA MD 20852

Mailing Address

4920 WYACONDA RD.
NORTH BETHESDA MD 20852

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1999

5. FEI Number

51-0370438

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	4 City / State / Zip
XC	NEUMAN, JEFFREY L	290 174TH ST., APT. 2104	NORTH MIAMI BEACH FL 33160
D	DALE, DALE E	4920 WYACONDA RD.	NORTH BETHESDA MD 20852
P	DEBORAH STEINER	4920 WYACONDA RD.	NORTH BETHESDA MD 20852
VT	BERINGER, DAN	4920 WYACONDA RD.	NORTH BETHESDA MD 20852
VS	WILBUR, DAWN	4920 WYACONDA RD.	NORTH BETHESDA MD 20852
AS	COHEN, ROGER C	4920 WYACONDA RD.	NORTH BETHESDA MD 20852
D	MITCHELL, DALE F	4920 WYACONDA ROAD	NORTH BETHESDA MD 20852

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

C.T. CORPORATION

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-7-00

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.

KE 1/95
7/24/99

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

301-468-4911