

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.

Principal Place of Business

Mailing Address

4920 WYACONDA RD.
NORTH BETHESDA MD 20852

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

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

01/13/1999

5. FEI Number

51-0370438

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 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
C	NEUMAN, JEFFREY L	290 174TH ST., APT. 2104	NORTH MIAMI BEACH FL 33160
P	SEIDEL, DEBORAH	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

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000005108430--9

03/14/02--01060--031

***150.00 ***150.00

FL

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

2-7-02

REGISTERED AGENT MUST SIGN

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 REQUIRED
DANIEL BERNHART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01

Date

301-468-4911

Daytime Phone #