

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 95-91
REINSTATEMENT



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

APPROVED
AND
FILED

97 FEB 19 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H13499

1. Corporation Name
St. Augustine Home Furnishings Center, Inc.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable <u>2971 Plummer Cove Rd</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>1984</u>	
City & State <u>Jacksonville FL</u>		City & State		5. FEI Number <u>59-2420427</u>	
Zip <u>32256</u>		Country <u>Duval</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				S8 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
Pres	Melissa A. Girlinghouse	54 1/2 Abbott Street	St. Augustine FL 32084
Sec	Charles Lance	1758 SE 7th Street	Ocala FL 34471
Treas	Charles Lance	1758 SE 7th Street	Ocala FL 34471

REINSTATEMENT 95-91

8. Name and Address of Current Registered Agent <u>Allen Scott, Esq.</u> <u>99 Orange Street</u> <u>St. Augustine FL 32084</u>		9. Name and Address of New Registered Agent Name <u>Allen Scott, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>99 Orange Street</u> Suite, Apt. #, Etc. City <u>St. Augustine</u> State <u>FL</u> Zip Code <u>32084</u>	
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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] Date 2-13-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Melissa A. Girlinghouse (904) 880-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040743005