PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

APPLICATION FOR [redacted]

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

FILED
00 OCT 26 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41196

1. Corporation Name

ANTIQUE WHOLESALERS, INC.

Principal Place of Business	Mailing Address
2605 N MIAMI AVE MIAMI FL 33127	2605 N MIAMI AVE MIAMI FL 33127

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: 11/05/1986

5. FEI Number: 59-2735775 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	BRODSKY, MARK E.	8228 KERRY COURT	CHEVY CHASE MD 20815
VP	BRODSKY, EDITH	L 9 STONEHEDGE DRIVE	SOUTH BURLINGTON VT
ST	BRODSKY, CURTIS R.	2605 N. MIAMI, AVE	MIAMI FL

700003463667--3
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****150.00 ****150.00

00UBR

8. Name and Address of Current Registered Agent

BRODSKY, CURTIS R.
2605 N MIAMI AVE
MIAMI FL 33127

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Curtis R Brodsky Date: 10/14/00
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: By: [signature] PRESIDENT 10/23/00 305-571-9721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

By: MARK E. BRODSKY, PRESIDENT

000107J AE

MARK E. BRODSKY, ESQ.
4901 FAIRMONT AVENUE, SUITE 200
BETHESDA, MARYLAND 20814
TELEPHONE: 301/657-1666 FACSIMILE: 301/657-2555

October 23, 2000

The Florida Department of State
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Attention: Andy Dunlop
Reinstatement Section

Re: Antique Wholesalers, Inc.

Please consider this letter a request for a waiver of the reinstatement fee for a for profit Florida corporation. On October 12, 2000, I spoke with Mr. Dunlop in your office regarding this matter. In previous years our accountant received the Annual Report and forwarded it, with instructions for completion, to our office. This year, we received the Notice of Administrative Dissolution or Revocation after the date for timely filing. We are a very small business and by virtue of some still unidentifiable problem, we did not receive the Annual Report form. We hope that in light of the foregoing you will waive the reinstatement fee.

Enclosed is our business check for $150.00, the annual fee for 2000.

Thank you for your consideration.

Sincerely,

Mark E. Brodsky, Esq.

Mb/floridastate.O2000