

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 APR 28 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N48041*

1. Corporation Name

Historic Florida Reproductions, INC

Principal Place of Business

Mailing Address

5018 The Riviera
Tampa, Florida 33609

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3161804

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)

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
<i>Pres/</i>	Sylvia Vega Smith	5018 The Riviera	Tampa, FL 33609
<i>V.P/</i>	Cynthia Hardin	4010 El Prado	Tampa, FL 33629
<i>Sec</i>			
Dir	Patracia P. Ayala	4907 Pilgram's Path Way	Tampa, FL 33611
Dir	Rebecca Clarke	46 Bahama Cir.	Tampa, FL 33605

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

H. Vance Smith
Smith Clark et al
Post Office Box 2930
Tampa, FL 33601

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

REGISTERED AGENT MUST SIGN

Date

4/9/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Not Applicable
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Vega Smith

Date

4/9/98

813-284-2467

Daytime Phone #

CR2E040 (1/98)