

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 23 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004474

1. Corporation Name

THE AGE OF THE NEW INC.

2. Principal Office Address

1920 E. Hallandale Bch.

Suite, Apt. #, etc.

610

City & State

Hallandale, Fl. 33009

Zip

33009

Country

USA

3. Mailing Office Address

P.O. 780453

Suite, Apt. #, etc.

City & State

Sebastian, Fl.

Zip

32978

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/27/1996

5. FEI Number

65-0798851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Brown Elton L.**

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

1197 Gardenia St.

Suite, Apt. #, Etc.

City

Sebastian

State
FL

Zip Code

32958

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **6/11/2000**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T/Tr/c	Brown, Elton L.	1197 Gardenia St.	Sebastian, Fl. 32958
P	Shaw, Sandra	536 S.W. Buswell Ave.	Port St. Lucie 34983
D	Thomas, Lloyd	981 lanco	Sebastian, Fl. 32958
M	Debra Kidd	6148 Forest hill Blvd.	West Palm Bch. Fl. 33415
T	Farnsworth, C	38 Drinkwater Road	South Harrow, Middlesex
V	Thomas, Janet	981 lanco	Sebastian, Fl. 32958

10. 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

Date

Daytime Phone #

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