

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED

00 FEB 15 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004756**

1. Corporation Name
THE PRESERVATION STATION, INC.

Principal Place of Business Mailing Address
10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618 **10320 CARROLLWOOD LANE, SUITE 62 TAMPA FL 33618**



REINSTATEMENT 99-2000

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

2. New Principal Office Address, If Applicable
4001 Cypress Lane
Suite, Apt. #, etc.
City & State
TAMPA FL
Zip
33624 Country
USA

3. New Mailing Office Address, If Applicable
4001 Cypress Lane
Suite, Apt. #, etc.
City & State
Tampa FL
Zip
33624 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
08/20/1997 **SP**

5. FEI Number
59-3500232 Applied For
Not Applicable

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	4 City / State / Zip
D	ARONOFF, SUSAN	10320 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
P	ARONOFF, STANLEY	10320 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
VPS	ARONOFF, MILDRED	10320 CARROLLWOOD LANE, STE 62 4001 Cypress Lane	TAMPA FL 33618 33624
D	HOLT, PATTI	2991 24TH AVENUE NE	NAPLES FL 34120
D	HERRERO, PAV Jennifer Ream	P.O. BOX 96 719 Lantana # 78	ODESSA FL 33556 78404 Corpus Christi, TX
D	Steve Cannella	14822 Daisy Lane	TAMPA, FL 33613

8. Name and Address of Current Registered Agent
ARONOFF, SUSAN E
10320 CARROLLWOOD LANE, SUITE 62
TAMPA FL 33618

9. Name and Address of New Registered Agent
Name
SUSAN E. ARONOFF
Street Address (P.O. Box Number is Not Acceptable)
4001 Cypress Lane
Suite, Apt. #, Etc.
City
Tampa
State
FL
Zip Code
33624

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 **Susan E. Aronoff** **SIGNATURE REQUIRED** Date **2/10/00**
REGISTERED AGENT MUST SIGN

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: **Susan E. Aronoff** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED** Date **2/10/00** Daytime Phone # **813-690-9696**

CR2E040 (8/99)