

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D

CORPORATION
REINSTATEMENT



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

02 APR -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003211

1. Corporation Name
MORNINGSTAR GIFTS + ANTIQUES, INC

500005282945--9
-04/16/02--01065--005
***750.00 ***750.00

REINSTATEMENT 01-02

2. Principal Office Address

1503 MAIN ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34236

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

11/12/00

5. FEI Number

65-0972751

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

CAROL LYNN MONVILLE, CPA

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

2300 BEE RIDGE RD.

Suite, Apt. #, Etc.

SUITE 301

City

SARASOTA

State

FL

Zip Code

34239

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

Carol Lynn Monville

REGISTERED AGENT MUST SIGN

Date

2/12/02

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
OFFICER	MR ARTHUR FARIA	3611 57TH ST SARASOTA	FL 34243
OFFICER	VP JAMES CARLTON	3611 57TH ST SARASOTA	FL 34243

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 #

941/366-5566

JAMES CARLTON, OFFICER

CR2E081 (9/01)