

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 5:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015680

1. Corporation Name

COUNTRY LOFT ANTIQUES, INC.

Principal Place of Business

1296 N. PALM AVENUE  
SARASOTA FL 34236

Mailing Address

1296 N. PALM AVENUE  
SARASOTA FL 34236

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

02/04/2000

5. FEI Number

65-0978714

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
P	WINER, CAROLE A	1296 N. PALM AVENUE	SARASOTA FL 34236

300008946983  
11/13/02--01014--003 \*\*150.00

8. Name and Address of Current Registered Agent

WINER, CAROLE A  
1296 N. PALM AVENUE  
SARASOTA FL 34236

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Carole A. Winer*  
REGISTERED AGENT MUST SIGN

Date

Oct 31, 2002

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:

*Carole A. Winer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 31, 2002 941955  
9099

CR2E040 (8/02)



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**

Secretary of State

September 13, 2001

**COUNTRY LOFT ANTIQUES, INC.**  
1296 N PALM AVENUE  
SARASOTA, FL 34236

Subject: **COUNTRY LOFT ANTIQUES, INC.**

Reference Number: **P00000015680**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA  
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/s/

**ANNUAL REPORTS SECTION**

**Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314**