

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

01 OCT 25 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051485

1. Corporation Name

L/A FINE ART & COLLECTABLES, INC.

Principal Place of Business

Mailing Address

6589 HILLSIDE AVE. N.
SEMINOLE FL 33772

6589 HILLSIDE AVE. N.
SEMINOLE FL 33772

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

2. New Principal Office Address, If Applicable

449 CENTRAL AVE #
Suite, Apt. #, etc.
#100

City & State
ST. PETERSBURG, FL

Zip
33701

Country
USA

3. New Mailing Office Address, If Applicable

449 CENTRAL AVE
Suite, Apt. #, etc.
#100

City & State
ST. PETERSBURG, FL

Zip
33701

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

5. FEI Number

59-3648038

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ATKINSON, JAMES D	6589 HILLSIDE AVE. N.	SEMINOLE FL 33772
D	LEWIS, EDWARD W	6589 HILLSIDE AVE. N.	SEMINOLE FL 33772
D	LEWIS, DANA	6589 Hillside Ave	Seminole, FL 33772
			400004679624--5 -11/15/01--01003--001 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M ESQ
C/O PATEL & O'CONNOR, P.A.
2240 BELLEAIR RD, STE 160
CLEARWATER FL 33764

9. Name and Address of New Registered Agent

Name
O'CONNOR, PATRICK M, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
C/O O'CONNOR & ASSOCIATES
Suite, Apt. #, Etc.
2240 BELLEAIR RD, STE 160
City
CLEARWATER

State
FL

Zip Code
33764

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

10/23/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01

2082

E. Walter Lewis Galleries

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 23, 2001

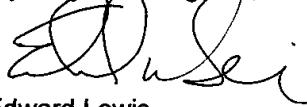
To Who it May Concern;

Per my conversation with one of your representatives last week, I am forwarding my "Application for Reinstatement" along with my check for One-Hundred and Fifty dollars.

As I explained to your representative, I never did receive my Uniform Business Report. I was then instructed to forward my application and my initial fee and was told that my reinstatement will be reviewed.

I apologize for any inconvenience this has caused.

My Very Best Regards,



Edward Lewis
President, L/A Fine Art

449 Central Avenue # 100 / St. Petersburg, FL 33701
727-898-7500 / 727-898-7444 fax