

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 17 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068757

1. Corporation Name

Antiques by Ralph, Inc.

2. Principal Office Address - No P.O. Box #

3350 NE 13 Circle Dr.

Suite, Apt. #, etc.

#105

City & State

Homestead, FL

Zip

33033

Country

USA

3. Mailing Office Address

PO Box 521406

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33152

Country

USA

300145990023
03/17/09--01008--013 **750.00

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida 2000

5. FEI Number
65-1033456

Apply
Not A

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee
for a Certificate of

7. Name and Address of Current Registered Agent

Name

Ana Quintana

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

3350 NE 13 Circle Dr.

Suite, Apt. #, Etc.

#105

City

Homestead

State
FL

Zip Code
33033

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, the entity is certifying the prior notices were received and requesting the reinstatement fee be waived.

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

A Quintana

Date 3/5/09

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
Pres	Ana Quintana	3350 NE 13 Circle Dr, #105	Homestead, FL 33033

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 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 debts owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

A Quintana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/09

Date

786.205.6786

Daytime Phone #