

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000022472**

1. Corporation Name

ALAN'S ANTIQUES, INC.

Principal Place of Business

Mailing Address

~~170 CENTENNIAL LANE
DAYTONA BEACH FL 32119~~

**935 Ridgewood AVE
Holly Hill
32117**

~~170 CENTENNIAL LANE
DAYTONA BEACH FL 32119~~

**935 Ridgewood AVE
Holly Hill
32117**



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

935 Ridgewood AVE
Suite, Apt. #, etc.

935 Ridgewood AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2001

5. FEI Number

59-3698394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

State **Holly Hill FL**
Zip **32117** Country **USA**

City & State **Holly Hill FL**
Zip **32117** Country **USA**

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
P	PARSONS, ALAN	170 CENTENNIAL LANE 1321 DAYTONA AVE	DAYTONA BEACH FL 32119 HOLLY HILL FL 32117
VP	PAULSEN, JOHN	170 CENTENNIAL LANE 1321 DAYTONA AVE	DAYTONA BEACH FL 32119 HOLLY HILL FL 32117

300024390419
11/03/03--01108--002 **150.00

8. Name and Address of Current Registered Agent

PARSONS, ALAN
170 CENTENNIAL LANE
DAYTONA BEACH FL 32119

9. Name and Address of New Registered Agent

Name

Alan Parsons

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

1321 DAYTONA AVE

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

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

Alan Parsons
REGISTERED AGENT MUST SIGN

Date

10/29/03

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:

Alan Parsons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03
Daytime Phone #

CR2E040 (7/03)

alan parsons

Independent Appraiser
&
Estate Sales

935 Ridgewood Ave
Holly Hill, FL 32117

386-681-1009
aparson2@bellsouth.net

October 27, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I moved in November 2002 and this was never
forwarded to my new address. Please forgive the lateness of our
payment.

Enclosed is a check for \$150.00.

Thank you.

Sincerely;



Alan H. Parsons
President
Alan's Antiques