

~~1005000007674~~
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 901000025255

1. Corporation Name

Uncle Albert's Attic, Inc.

2. Principal Office Address

1910 Lago Vista Blvd

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34685

Country

USA

3. Mailing Office Address

3101 SR 580

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

USA

REINSTATEMENT 03-05

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

03/12/2001

5. FEI Number

593702333

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

Brian Johnson

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

1910 Lago Vista Blvd

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

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

Brian Johnson

Date 02/03/05

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
P. - S.	Brian Johnson	1910 Lago Vista Blvd	Palm Harbor, FL, 34685
V. - T.	Julie Johnson	1910 Lago Vista Blvd	Palm Harbor, FL 34685
			300048027883 03/09/05--01008--016 **600.00
			<i>8337</i>

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:

Brian K. Johnson

Brian K. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/05

Date

727-726-1888

Daytime Phone #

CR2E081 (01/05)