

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030159

1. Corporation Name

Historical Acquisitions, Inc.

5441 Griffith Mill Road
5441 Griffith Mill Road

2. Principal Office Address

5441 Griffith Mill Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2137

Suite, Apt. #, etc.

City & State

Baker, FL

City & State

Baker, FL

Zip

32531

Country

US

Zip

32531

Country

US

REINSTATEMENT 02-04
MRD

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

03/23/2001

5. FEI Number

59-3709863

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

Scott M. Covell

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

34990 Emerald Coast Parkway, Suite 301

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Scott M. Covell

Date 11/4/04

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/D	Nevin Heller	5441 Griffith Mill Rd.	Baker, FL 32531
S/T/D	William R. McKelvy	5441 Griffith Mill Road	Baker, FL 32531

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:

William R. McKelvy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/04/04 850-585-6137

Daytime Phone #

CR2001 (01/04)