

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO1 000052340
MAURICE ANTIQUES Inc.

2. Principal Office Address

645 East Atlantic Ave

Suite, Apt. #, etc.

City & State

Delray Bch FL

Zip

33483

Country

U.S.A.

3. Mailing Office Address

645 East Atlantic Ave

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

U.S.A.

700020548917

06/05/03--01093--006 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

Dec 30, 2001

5. FEI Number

65-1111305

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

MURRAY TEBELE

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

645 East Atlantic Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

Murray Tebele

Date

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	SOPHIE TEBELE	645 East Atlantic Ave	Delray Bch, FL 33483
D	MURRAY TEBELE	645 East Atlantic Ave	Delray Bch, FL 33483
S	Rabina Humphery	645 East Atlantic Ave	Delray Bch, FL 33483

REINSTATEMENT 02-03

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:

Murray Tebele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)