

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000053475

1. Corporation Name

MAUREEN & JERRY ANTIQUES INC

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

1419 NE 57th ST

Suite, Apt #, etc.

3. Mailing Office Address

Suite, Apt #, etc.

City & State

FT LAUD, FL 33334

Zip

Country

US

Zip

Country

7. Name and Address of Current Registered Agent

Name

ROGER KIELIAN

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

1419 NE 57th ST

Suite, Apt #, Etc.

City

FT LAUD,

State

FL

Zip Code

33334

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

REGISTERED AGENT MUST SIGN

Date 1/26/2010

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
D	ROGER KIELIAN	1419 NE 57th ST	FT LAUD, FL 33334
			X 2/5

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER KIELIAN

1/26/2010

Date

Daytime Phone #

FILED

10 FEB -4 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

900167986149  
02/04/10--01005--021 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-1092834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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