

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077431

1. Corporation Name

Homer's Sports Cards and Collectibles
INCORPORATED

2. Principal Office Address

5770 Fllo Bronxway HWT

3. Mailing Office Address

3205 WATERBRIDGE CT

Suite, Apt. #, etc.

Suite 422

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34765

Country

USA

Zip

34744

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

5. FEI Number

59-3737826

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

ALBERT OSTERING

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

3205 WATERBRIDGE CT

Suite, Apt. #, Etc.

P

City

KISSIMMEE

State

FL

Zip Code

34744

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

Albert Ostering

Date 12/18/01

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
PTD	ALBERT OSTERING	3205 WATERBRIDGE CT	KISSIMMEE FL 34744
VSD	LAURIE OSTERING	3205 WATERBRIDGE CT	KISSIMMEE FL 34744

600082777456

12/26/06 01046 025 **150.00

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 contained in Chapter 119, 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:

Albert Ostering

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/01

Date

321-443-9062

Daytime Phone #

2006 AR'S Returned by PD

K. Eckel DEC 27 2006