

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 SEP 22 PM 4:20

DOCUMENT # P02000077692

1. Entity Name
THE OLDE TOWN LEATHER & GIFTS, INC.



Principal Place of Business
17 CUNA ST
ST AUGUSTINE, FL 32084

Mailing Address
17 CUNA ST
ST AUGUSTINE, FL 32084

REINSTATEMENT DATE 04-05
TALLAHASSEE, FLORIDA
T. Roberts SEP 23 2005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09162005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
16-1619241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, J. STEPHEN
19 OLD MISSION AVE
ST AUGUSTINE, FL 32084

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BREYER, SUELY
17 CUNA ST
ST AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900059998199
09/27/05--01028--005 **608.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BREYER, GUILHERME A
17 CUNA ST
ST AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400059998224
09/27/05--01028--006 **300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BREYER, EMILIO
17 CUNA ST
ST AUGUSTINE, FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/05

Date

904 826 1779

Daytime Phone #