

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 JUL -8 A 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000158302760  
07/09/09--01036--002 \*\*450.00

CR2E081 (12/08)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P03000044109**

1. Corporation Name

3rd Generation Antiques, Inc.

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

121 N. Bay Street

Suite, Apt. #, etc.

City & State

Eustis FL

Zip

32726

Country

USA

3. Mailing Office Address

121 N. Bay Street

Suite, Apt. #, etc.

City & State

Eustis FL

Zip

32726

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/03

5. FEI Number  
01-0789515

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

Frank Bartle Sr.

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

121 N Bay Street

Suite, Apt. #, Etc.

City

Eustis FL

State

FL

Zip Code

32726

☒ 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.

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

*Frank Bartle Sr.*

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
PD	Frank G. Bartle Sr.	121 N Bay Street	Eustis FL 32726
VSTD	Terri Linn Bartle	121 N Bay Street	Eustis FL 32726

REINSTATEMENT

07-09  
*[Signature]*

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:

*Frank Bartle Sr.* FRANK BARTLE

6-26-09

407-896-6420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #