

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000167189

1. Entity Name  
BACK IN TIME THRIFT STORE, INC.



FILED

07 APR -6 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3642 BARRANCAS AVENUE  
PENSACOLA, FL 32507 US

Mailing Address  
3642 BARRANCAS AVENUE  
PENSACOLA, FL 32507 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03062007 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
26-0103274

Applied For  
Not Applicable

City & State

City & State

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

HOFFMAN, BRIAN W.  
226 PALAFOX PLACE  
NINTH FLOOR SEVILLE TOWER  
PENSACOLA, FL 32502

Name  
Tracey Solomon

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

7010 Community Dr

City Pensacola

FL

Zip Code 32526

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 *Tracey Solomon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 2nd 2007

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  
D  
SOLOMON, TRACEY L  
4695 OAKLAND DRIVE  
PENSACOLA, FL 32526 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
LOVE, MARILYN D  
123 PARK DRIVE  
PENSACOLA, FL 32507 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
300097314533  
04/18/07--01023--006 \*\*900.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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 exemptions contained in Chapter 119, 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: *Tracey Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 16 2007 637-1755  
Date Daytime Phone #

24/11