

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P93000054052

1. Corporation Name

HERITAGE AUCTIONEERS, INC.

FILED

00 NOV 28 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 VENICE AVE. W
VENICE FL 34285

101 VENICE AVE. W
VENICE FL 34285



REINSTATEMENT

2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1993

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

5. FEI Number

65-0431624

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	TRECO, RAYMOND	4460 SHOAL WAY	OSPREY FL 34299
		1404 Gleneagles Dr.	Venice, FL 34292
			500003506285--5 -12/19/00--01093--003 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RASHKIN, SHARI S
1648 MAIN ST.
SARASOTA FL 34236

Name

Raymond T. Treco

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

1404 Gleneagles Dr.

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34292

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Raymond T. Treco

REGISTERED AGENT MUST SIGN

Date

11/22/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

Raymond T. Treco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/00

Daytime Phone #

741
488-7441