

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Oct 23, 2000 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P93000086598

1. Corporation Name  
**OLD MASTER'S SHOP INC.**

Principal Place of Business  
4431 N.E. 6TH AVENUE  
OAKLAND PARK FL 33334

Mailing Address  
4431 N.E. 6TH AVENUE  
OAKLAND PARK FL 33334



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<br>12/13/1993  |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br>65-0455460  |  |
| City & State                                   |         | City & State                                 |         | Applied For<br>Not Applicable  |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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    |
| D   | SCHAFF, LAWRENCE W                | 4431 N.E. 6TH AVE.                             | OAKLAND PARK FL 33334 |
|   |                                   |  |                       |
|   |                                   |  |                       |
|   |                                   |  |                       |
|   |                                   |  |                       |
|   |                                   |  |                       |
|   |                                   |  |                       |

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-11/07/00--01080--006  
\*\*\*\*150.00 \*\*\*\*150.00

*11/12*

|   |  |  |             |
|---|--|--|-------------|
| 8. Name and Address of Current Registered Agent                     |  | 9. Name and Address of New Registered Agent        |             |
| SCHAFF, LAWRENCE W<br>4431 N.E. 6TH AVENUE<br>OAKLAND PARK FL 33334 |  | Name   |             |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|   |  | Suite, Apt. #, Etc.                                |             |
|   |  | City   | State<br>FL |

\*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 \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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: *Lawrence W. Schaff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-18-00  
Daytime Phone #: 957-482-9434

CR2E040 (8/00)



**OLD MASTER'S SHOP, INC.**

4431 NE 6TH AVENUE  
OAKLAND PARK, FLORIDA 33334

PHONE: 954-492-9434  
FAX: 954-492-8107

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October 18th, 2000

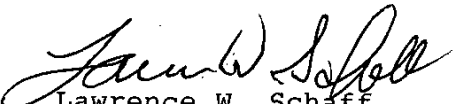
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir,

We are in receipt of your recent notice for reinstatement. This is the first notification we have received regarding our 2000 renewal. I have recently changed my outside accountant and bookkeeper and feel that unreceived mail will now be questioned for information of this type.

We have much more qualified staff on board and am confident this payment will always be made in a timely manner in future. Please realize any additional fees at this time would cause a grave hardship for my company with regards to cash flow and cause other currently known payments to fall to a delinquent status. We appreciate your time and cooperation with this matter and please find our enclosed payment of \$150.00.

Yours Trully,

  
Lawrence W. Schaff  
Proprietor