

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 19300008delb
1. Corporation Name
BRITANNIA ANTIQUES, INC

000008327660--0
-10/11/02--01022--006
***600.00 ***600.00

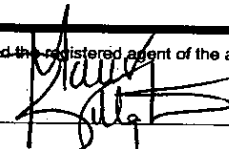
2. Principal Office Address RT 20 Box 170		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State	
Zip 32055	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1994	
5. FEI Number 59-3237339	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARCUS A. BILLINGTON		
Street Address (P.O. Box Number is Not Acceptable) 13602 29th Rd		
Suite, Apt. #, Etc.		
City LAKE CITY	State FL	Zip Code 32024

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.

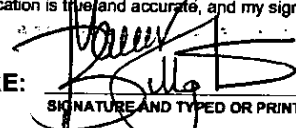
Signature of Registered Agent:  Date: **9/19/02**

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
PRES	MARCUS A BILLINGTON	13602 29th RD	LAKE CITY, FL 32024
V-P	WALTER ASPINALL	UNION MILL, WATT ST	SABDEN, LANCS, ENGLAND
VP	BERYL J. ASPINALL	---	---

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 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:  **MARCUS BILLINGTON** Date: **9/19/02** Daytime Phone #: **386 755 0120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (8/01)

JK 10/8/02