

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-77AR
FLORIDA DEPARTMENT OF STATE
Katherine Hall
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 13 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000(21)

1. Corporation Name

LINENS ETC. INC.

Principal Place of Business

Mailing Address

1233-A APALACHEE PKWY
TALLAHASSEE, FL 32301

3002 South Shore Cir
TALLAHASSEE FL
32312

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3216756

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Charles F. Walters	3002 Southshore Dr	Tallahassee, FL
D	Kathy Walters	" "	" "

6000002742746--1
-01/15/99-01003--006
****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHARLES E. WALTERS
3002 SOUTHSHORE CIR.
TALLAHASSEE, FL 32312

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charles E. Walters

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. WALTERS

Date

1/13/99

850-656-7222

Daytime Phone #

CR2E001 (12/98)

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JANUARY 13, 1999


Florida Dept of State - Division of Corporations

RE: Application for REINSTATEMENT - WINERS Etc Inc

GENTLEMEN:

I did not receive my RENEWAL document for the
ABOVE CORPORATION AND I did not know about the
ANNUAL FEES required for CORPORATIONS.

Sincerely,


PRES.