

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
98-99AR  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000032680

1. Corporation Name

EASTGATE ANTIQUES AND FURNISHINGS, INC.

Principal Place of Business

2000 BISCAYNE BLVD  
MIAMI FL 33137

Mailing Address

412 NE 18TH AVE  
POMPANO BEACH FL 33060

FILED

02 APR -9 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/1994

5. FEI Number

65-0491709

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	REILLY, CHRISTINE	412 N.E 18TH AVENUE	POMPANO BEACH FL 33060

700002840497--1  
-04/15/99--01092--003  
\*\*\*\*150.00 \*\*\*\*150.00

700002840497--1  
-04/15/99--01092--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

REILLY, CHRISTINE  
412 NE 18TH AVE  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

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

*Christine Reilly*

REGISTERED AGENT MUST SIGN

Date

2/24/99

11. This corporation owes or has paid 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:

*Christine Reilly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHRISTINE REILLY

2/24/99

Date

Typed Name

*CR*

CR2E040 (9/98)

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**JOHN A. GAMBARDELLA**

**Certified Public Accountant**

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**3170 N. Federal Highway, Suite 103-E  
Lighthouse Point, Florida 33064  
Phone: (954) 786-0702 Fax: (954) 786-0488**

March 24, 1999


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

Re: Eastgate Antiques & Furnishings, Inc.

Dear Sir/Madam:

Please find enclosed the Application for Reinstatement (1998) for the above referenced corporation. Management has stated that the first two notices for the annual report were not received, and therefore is requesting a one-time waiver of the reinstatement fees. Per instructions from your office, two checks in the amount of \$ 150.00 each for the annual reports for 1998 and 1999 are also enclosed. Thank you for your time and consideration.

Sincerely,



John A. Gambardella, CPA

Enclosures