

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003111

1. Corporation Name

B.J. SEGER ART WAREHOUSE, INC.

Principal Place of Business

Mailing Address

~~100 A 20TH ST.~~
BOCA RATON FL 33431
US

~~100 A 20TH ST.~~
BOCA RATON FL 33431
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1995

5. FEI Number

65-0566308

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)

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	SEGER, BEN J	6068 VIENTO WAY 8569 VIA GIARDINO	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEGER, BEN J
~~1741 AVENIDA DEL SOL~~ 8569 VIA GIARDINO
~~100A 20TH ST.~~ 108A NW 20TH ST.
BOCA RATON FL 33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/18/98

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:

[Signature] B.J. SEGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98 (561) 362-5450

CR2E040 (8/98)



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November 18, 1998

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: FEI 65-0566308

Dear Sirs:

At the time when the annual report form would have been received, I was hospitalized for a prolonged period of time. Apparently, the form may not have been delivered and therefore I was unaware of the filing requirement.

Would you kindly waive the penalty in this instance due to the circumstances?
Enclosed is a check for the original amount of \$150.00.

Thank you for your attention in this matter.

Cordially yours,

Ben J. Seger

BJS/mc
Encl.