

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000024394**

1. Corporation Name

AUGUST ANTIQUES, INC.

Principal Place of Business

Mailing Address

2241 OAK TERRACE
SARASOTA FL 34231

2241 OAK TERRACE
SARASOTA FL 34231

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

REINSTATEMENT

ay of 12/2/96

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1995

5. FEI Number

~~123~~ 65-056-2617

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
D	AUGUST, BEVERLY A	2241 OAK TERRACE	SARASOTA FL 34231
			600002022286--9 -12/06/96-01069-003 *****8.75 *****8.75
			600002022286--9 -12/06/96-01069-004 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUGUST, BEVERLY A
2241 OAK TERRACE
SARASOTA FL 34231

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

Beverly A. August
REGISTERED AGENT MUST SIGN

Date 10/31/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Beverly A. August
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/96 941
Date Daytime Phone # 351-6666