

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 19 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068071

1. Corporation Name

EUROPEAN PINE ANTIQUES INC.

Principal Place of Business

111125 SAN JOSE BLVD  
CLAIRE LANE CENTER  
JACKSONVILLE FL 32223  
US

Mailing Address

P.O. BOX 918  
ORANGE PARK FL 32073  
US

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.

6480 US 1 North

City & State

St. Augustine, FL

Zip

32095

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1995

5. FEI Number

59-3334191

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)	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
1			
DP	YONGE, PHILIP D	5522 OAK CROSSING DR	JACKSONVILLE FL
DP	Opgelder, Hendrik H.	6480 US 1 North	St. Augustine, FL 32095
DV	Opgelder, Sjoukje A.	6480 US 1 North	St. Augustine, FL 32095

REINSTATEMENT

000002635050--1  
-11/24/98--01031--003  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

YONGE, PHILIP D  
5522 OAK CROSSING DR  
JACKSONVILLE FL 32244

9. Name and Address of New Registered Agent

Name

Hendrik H. Opgelder

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

6480 US 1 North

Suite, Apt. #, Etc.

City

St. Augustine,

State

FL

Zip Code

32095

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-17-98

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENDRIK H. OPGELDER

Date

11-17-98

Daytime Phone #

904-824-9088