

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 MAR 17 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *p96000005880*

1. Corporation Name

FLORIDA COLLECTORS GALLERY, INC.

Principal Place of Business

Mailing Address

*1003 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301*

(OLD ADDRESS WAS 1701 BRICKELL DRIVE, FT. L. 33301)

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

2. New Principal Office Address, If Applicable

1003 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

Zip

33301

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 19, 1976

5. FEI Number

65-0639219

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
<i>PRESIDENT +T+D</i>	<i>MR. ROBERT BLOCHRIE JR</i>	<i>1701 BRICKELL DR</i>	<i>FT LAUD, FL 33301</i>
<i>VICE PRESIDENT +S+D</i>	<i>MR. GLENN LOCHRIE</i>	<i>150 NE 15th AVE # 1143</i>	<i>FT LAUDERDALE, FL 33301</i>

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03/19/98-01006-013
*****908.75 ****908.75*

8. Name and Address of Current Registered Agent

*ROBERT B. LOCHRIE, JR.
1701 BRICKELL DRIVE
FT. LAUDERDALE, FL 33301*

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

Robert B. Lochrie Jr
REGISTERED AGENT MUST SIGN

Date *March 12, 1998*

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:

Robert B. Lochrie Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 1998
Date

Date

Daytime Phone #

CR2E040 (1/98)