

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 18 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009022

1. Corporation Name

FLORIDA RARE COINS AND COLLECTIBLES, INC.

Principal Place of Business

4000 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

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

02/01/1996

5. FEI Number

65-0632186

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	4 City / State / Zip
DPS	BOOKSTON, MARTIN	8310 PASADENA BLVD	PEMBROKE PINES FL
DVT	HACKEL, DEBBIE	80 BROAD ST	NEW YORK NY
			600003516426--2 -12/29/00--01004--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

KLOSENBERG, F. P.
2117 HOLLYWOOD BLVD
HOLLYWOOD FL

9. Name and Address of New Registered Agent

Name

MITZI BOOKSTON

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

8310 PASADENA BLVD

Suite, Apt. #, Etc.

City

P. Pines

State

Zip Code

FL

33024

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

12/4/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00

Daytime Phone #

Dec. 4th, 2000

2 of 2

To Whom Concerned,

The reason my Annual Report was not filled was that I have been out of the store for over 7 months due to a severe heart attack. My son has been keeping the store open so that we would not lose the business.

I returned to work Oct 18, and started to go over all the paper work that had accumulated since my sickness.

I am sorry that the return was not filed on time and I respectfully ask if you could waive the 600⁰⁰ fee, as this would cause more hardship for a business that is trying to get back on its feet.

The hospital I was in was Memorial in Hollywood

My DR's name is DR. SIEV, DR. TAMM, DR. MENDEZ.

All at that hospital. I am currently in heart rehab

working 3 days a week, 4 hrs a day.

Thank you for taking time to review this matter

'God Bless'

Sincerely,

Mut Bawls,
Presn.