FILED

02 NOV 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009022

1. Entity Name: Florida Rare Coins and Collectibles, Inc.

DO NOT WRITE IN THIS SPACE

42612

REINSTATEMENT 2002 (DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business	3. Mailing Address
1016 E Las Olas Blvd.	1016 E Las Olas Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 65-0632186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired – ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kevin Harris

Street Address (P.O. Box Number is Not Acceptable): 1016 E Las Olas Blvd.

City: Ft. Lauderdale FL Zip Code: 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 9/6/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

900009214959
11/26/02--01006--016 **750.00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Kevin Harris
STREET ADDRESS	12520 Countryside Terrace
CITY-ST-ZIP	Cooper City FL 33330
TITLE	V. President
NAME	Larry Jordan
STREET ADDRESS	115 Melanie Circle
CITY-ST-ZIP	Fairview GA 30213
TITLE	Secretary/Treasurer
NAME	Wayne Jensen
STREET ADDRESS	1800 Avenida Solano
CITY-ST-ZIP	Roseville CA 95747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #