PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P96000028842 **DOCUMENT #**

1. Corporation Name

PAGE O'CONNOR FINE ARTS, INC.

Principal Place of Business

8955 HIGHWAY 98 BAST WEST

SUTIE 103 DESTIN FL 32541 Malling Address

8955 HIGHWAY 98 EAST WEST

SUTIE 103

DESTIN FL 32541



w.	REINSTATEMENT 97	
	Date Incorporated or Qualified	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 19 AM 9: 04

<u>8955</u>	rincipal Office Address, If Applicable HWY 98 CUEST	ailing Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida 04/03/1996				
Sulte, Apt.	स, ଡ .C.	#, etc.		5. FEI Num	ber	Applied For		
City & State City & State			ale	,		370238	Not Applicable	
Zip	Country	Zip		Country	6. CERTIFIC	ATE OF STATUS DESIRED S8.75	Additional Fee required a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director ((Florida nonprofit	corporations must list a	l least 3 directors)			
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip		
-PD	SCHMIDT, GUSAN B		8 SOUTH1	8 SOUTH PALAFOX STREET		PENSACOLA FL 32503		
-\$10	RUSSELL, M. PAGE	68 10TH AVENUE		SHALIMAR FL 32579				
PD	PAGE O'CONI	VOR	201 (CALHOUN	NE	DESTIN FL	- 32:54/	
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			ļ			****750.00	****750.00	
4								
	8. Name and Address of Curre	nt Registered	Agent	Name	9. Name and Address of New Registered Agent			
	HT, BRUCE A IGHWAY 98 E				Street Address (P.O. Box Number is Not Acceptable)			
SUITE			Suite, Apt. #, Etc.					
			~	City		FL	Zip Code	
10. I, bein Signature Registered	g appointed the registered agent of the cold Agent	Zá	orporation, am fan ABENT MUST S		e obligations of Se	Date _ ////0/9 -	7	
	nis corporation owes or tangible Personal Prope] No ⊠	(See other side t on intangli		
12. I certify	y that I am an officer or director or the re-	eiver or trustee	empowered to e	xecute this application	as provided for in o	chapter 607 or 617, F.S. I further ce	ortify that when filing	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.