

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 24 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054900

1. Corporation Name

English Rose Antiques, Inc.

2. Principal Office Address

3416 S. Dixie Hwy.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

Palm Beach

3. Mailing Office Address

6428 Lake Worth Rd.

Suite, Apt. #, etc.

#610, c/o Superior

City & State

Lake Worth, FL

Zip

33463

Country

USA

**REINSTATEMENT 00-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

6/27/1996

5. FEI Number

65-0693793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adam Jacobs

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

6428 Lake Worth Road, #610

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33463

700005728527-5

-06/10/02--01051-016

\*\*\*1050.00 \*\*\*1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Adam Jacobs*

REGISTERED AGENT MUST SIGN

Date 5/21/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip           |
|--------|--------------------------------------|---|------------------------------|
| D      | McCullough, Nicole S                 | 1682 S.E. 8th Avenue                              | Deerfield Beach, FL<br>33441 |
|        |                                      |   | 900.00 - Adm                 |
|        |                                      |   | 61.25 - AR                   |
|        |                                      |   | 88.75 - ARSUPP               |
|        |                                      |   |                              |
|        |                                      |   |                              |

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02

Date

Daytime Phone #

CR2E081 (9/01)