

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061849

1. Corporation Name

HEIRLOOM TREASURES, INC.

Principal Place of Business

**18680 AVENUE CAPRI
LUTZ-FL-33549**

Mailing Address

**18680 AVENUE CAPRI
LUTZ-FL-33549**

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

2. New Principal Office Address, If Applicable

10880 Felicia Ct.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10880 Felicia Ct.

Suite, Apt. #, etc.

City & State

Manassas Va

City & State

Manassas Va.

Zip

20110

Country

Prince William

Zip

20110

Country

Prince William

4. Date Incorporated or Qualified To Do Business in Florida

07/22/1996

5. FEI Number

54-3395410

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BAILEY, GLORIA M	18680 AVENUE CAPRI 10880 Felicia Ct.	LUTZ-FL-33549 Manassas, Va 20110

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SCC 11-21-97

8. Name and Address of Current Registered Agent

**BEARDEN, DAVID C ESQ.
3233 EAST BAY DRIVE
SUITE 104
LARGO FL 34641**

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

David C. Bearden, Esq.

REGISTERED AGENT MUST SIGN

Date

11/18/97

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:

Gloria M. Bailey Gloria M Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/97 (703) 330-9643

CR2E040 (8/97)