

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 25 PM 3:43

DOCUMENT # P96000081728

1. Corporation Name

ESCUTCHEON ANTIQUES, INC.

2. Principal Office Address

7707 U.S. 1

3. Mailing Office Address

P.O. Box 8143

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, FL

Zip

32967

Country

USA

Zip

32963

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/3/96

5. FEI Number

65-0703804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07-01

7. Name and Address of Current Registered Agent

Name

Lawrence Y. Leonard

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

817 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/22/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Florence W. Durfee	100 Oyster Cut	Vero Beach, FL 32963
VP/S	Francis C. Smithers	121 Stingaree Point	Indian River Shores, FL 32963

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:

Florence W. Durfee - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-01

Date

234-1749

Daytime Phone #

CR2E081 (9/00)