

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUL 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *996000293509*

1. Corporation Name

*OXFORD TRADING CO. INC.
OF PALM BEACH, FLORIDA*

Principal Place of Business

Mailing Address

*5710 South Dixie Hwy
West Palm Beach
Fla 33405*

SAME

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5710 South Dixie Hwy

5710 South Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach Fla

West Palm Beach Fla

Zip

Country

Zip

Country

33405

Palm Beach

33405

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-96

5. FEI Number

☒ 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
<i>President vice President Sec.</i>	<i>WILLIAM B. PACE</i>	<i>5710 South Dixie Hwy</i>	<i>West Palm Beach Fla 33405</i>
			<i>700002500287-005 07/28/98-01041-005 ****315.00 ****315.00</i>

*TS 97-98 AR
two pages 7/24*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*WILLIAM B. PACE
5710 SOUTH DIXIE HWY
WEST PALM BEACH
FLA 33405*

Name *WILLIAM B. PACE*
Street Address (P.O. Box Number is Not Acceptable)
5710 South Dixie Hwy
Suite, Apt. #, Etc.

City *West Palm Beach* State *FL* Zip Code *33405*

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

W. B. Pace

REGISTERED AGENT MUST SIGN

Date *7-19-98*

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:

W. B. Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-98
Date

561-601-2433
Daytime Phone #

CR2E040 (1/98)

BEN PACE
P. O. BOX 184
PALM BEACH, FL 33480

Request taken by: thampton
07-09-1998

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

7-19-98.

Mr. Hampton,

Enclosed is the reinstatement form and a
Money order for \$315.⁰⁰ I was told by you that because
I did not receive a form to file in 1997 that I
should send only \$315.⁰⁰ to reinstate.

Thank you.

W. B. P. P.