

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 # P97000083532

1. Corporation Name

MAURICE ADAMS WHOLESALE ANTIQUES, INC.

99 APR - 9 AM 10:20

STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

321 ANSIN BOULEVARD
HALLANDALE FL 33009

321 ANSIN BOULEVARD
HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1997

5. FEI Number

65-0793772

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
D	TEBELE, MURRAY <i>Sophie</i>	16711 COLLINS AVENUE

City / State / Zip

MIAMI BEACH FL 33160

0000002842270--7
-04/16/99--01076--014
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

TEBELE, MURRAY
16711 COLLINS AVENUE
MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

Name *Tebele Sophie*
Street Address (P.O. Box Numbers Not Acceptable)
16711 Collins Ave
Suite, Apt. #, Etc.
City *Miami Beach* State *FL* Zip Code *33160*

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

Sophie Tebele
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

NOTHING
DUE (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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophie Tebele
Sophie Tebele

Date

Day/Month/Year

CR2E040 (9/98)