

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -4 PM 6:43

DOCUMENT # **P98000077682**

1. Corporation Name

A CONSIGNMENT PLACE, INC.

Principal Place of Business

Mailing Address

~~953 FOURTH AVENUE NORTH~~
~~NAPLES FL 34102~~

P.O. BOX 2765
NAPLES FL 34106

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

2. New Principal Office Address, If Applicable

40 TENTH STREET SOUTH

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34102

Country

USA

Zip

Country

REINSTATEMENT **00-01**

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1998

5. FEI Number

65-0863041

☒ 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	4 City / State / Zip
P	TURNER, SHERRY S	816 7TH AVE SOUTH 720 5TH AV S #305	NAPLES FL 34102
			800004721348--5 -12/12/01-01083-014 ****758.75 ****758.75
			800004721348--5 -12/12/01-01083-015 ****150.00 ****150.00
			11/12/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURNER, SHERRY S

~~953 FOURTH AVENUE NORTH~~ **720 5TH AV S #305**
NAPLES FL 34102

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

Sherry S. Turner

REGISTERED AGENT MUST SIGN

Date **11-12-01**

11. 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:

Sherry S. Turner Pres.

SHERRY S. TURNER PRES. 11-12-01

941-263-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #