

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000079361**

1. Corporation Name

FLABOB RARE COINS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 85058
HALLENDALE FL 33008-5058

P.O. BOX 85058
HALLENDALE FL 33008-5058

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

2. New Principal Office Address, If Applicable

1001 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 321

City & State
HALLENDALE, FLA

Zip 33009 Country USA

3. New Mailing Office Address, If Applicable

1001 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 321

City & State
HALLENDALE FL

Zip 33009 Country USA

2/23/99 90053012 \$158.75

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1998

5. FEI Number

65-0863103

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	City / State / Zip
1	2	3	4
CEO	ROBERT H. CAMPBELL II	145 OCEAN BLVD	GOLDEN BEACH, FL 33160

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, ROBERT H II
145 OCEAN BLVD.
GOLDEN BEACH FL 33160-2208

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

Robert H Campbell II

REGISTERED AGENT MUST SIGN

Date 10/14/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H Campbell II

10/14/99

Date

Daytime Phone #

954 456 2289

CR2040 (8/99)

KE

10/14/89

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Dear Sirs:

AS PER PHONE, PLEASE
ACCEPT my ANNUAL REPORT. MY REPORT
WAS REC'D BUT THE REPORT WAS
UNUSABLE. I DID NOT REUSE THAT
CORRESPONDENCE. HERE IS THE COPY
OF SAID REPORT

John W. Apple
Agent & CEO