

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 30 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088789

1. Corporation Name

FLORIDA ANTIQUE & REPRODUCTION INC.

Principal Place of Business

2800 ORANGE BLOSSOM TRAIL SUITE C  
ORLANDO FL 32805

Mailing Address

2800 ORANGE BLOSSOM TRAIL SUITE C  
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

4240 L.B. McLEOD RD.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4240 L.B. McLEOD RD.

Suite, Apt. #, etc.

City & State ORLANDO FL

City & State ORLANDO FL

Zip 32811-5680 Country

Zip 32811-5680 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1998

5. FEI Number

59-3538314

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GONZALEZ, JUAN R	5753 DOGWOOD DR.	ORLANDO FL 32807
VP	GONZALEZ, MIGUEL	3021 NICHOLSON DR.	WINTER PARK FL 32792

700005501167--3  
-05/09/02--01072--020  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

MOLINA, JULIO  
8614 BRAKENWOOD DR.  
ORLANDO FL 32829

9. Name and Address of New Registered Agent

Name

JUAN GONZALEZ

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

4240 L.B. McLEOD ROAD

Suite, Apt. #, Etc.

City ORLANDO

State FL

Zip Code 32811-5680

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/28/02

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

2/28/2002 407-650-0410  
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 14, 2002

FLORIDA ANTIQUE & REPRODUCTION INC.  
4240 L.B. MCLEOD ROAD  
ORLANDO, FL 32811-5680

SUBJECT: FLORIDA ANTIQUE & REPRODUCTION INC.  
Ref. Number: P98000088789

We have received your document for FLORIDA ANTIQUE & REPRODUCTION INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

The new registered agent must sign accepting the designation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 302A00015469

*SIGNED - Thank you -*