

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

GOVERNOR of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 AM 10:43

DOCUMENT # P99000005412

1. Corporation Name

ART & FRAME ANTIQUE DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

~~7331 N.W. 76TH STREET~~
~~TAMARAC FL 33321~~

~~7331 N.W. 76TH STREET~~
~~TAMARAC FL 33321~~



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

2. New Principal Office Address, If Applicable

~~4391 N.W. 19th Avenue~~

~~Bldg 2 - Bay 9+10~~

~~Pompano Beach, FL~~

~~Zip 33064~~

~~Country USA~~

3. New Mailing Office Address, If Applicable

~~4391 NW 19th Avenue~~

~~Bldg # 2 - Bay 9+10~~

~~Pompano Beach, FL~~

~~Zip 33064~~

~~Country USA~~

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1999

5. FEI Number

~~65-0894655~~

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
D	CLARKE, DONNA	7331 N.W. 76TH STREET 4073 NW 2nd TERRACE	TAMARAC FL 33321 Boca Raton, FL 33431
Pres	Allen Kraiem	1744 E. 10th STREET	BROOKLYN, NY 11223
			700003455367--0
			-11/07/00--01080--014
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

THIRER, MARTIN
1475 WEST CYPRESS CREEK ROAD
SUITE 204
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 10-18-00

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:

Donna A. Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00

Date

9549753877

Daytime Phone #

**4391 N.W 19th Ave.
Pompano Beach, FL 33064
Tel (954) 975-3877 * Fax (954) 975-8343
1-800-975-2988**

October 18, 2000

**Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399**

To Whom It May Concern,

I am writing in regards to a "Notice of Administrative Dissolution or Revocation." I just received this in the mail yesterday. I called your office this morning to find out exactly what this was. I spoke with a girl named Michelle and she advised me to mail a check for \$150.00 along with this letter for you to review.

I have never received any notice prior to this, and I did not even know what this was. I moved last June to Boca Raton, and I moved the business to Pompano Beach, Fla. I never even knew that I had to file anything with the State. I do apologize for my ignorance.

This notice that I received yesterday was mailed to my new home address, so I do not know why I never received anything before.

Thank you for allowing me to explain what happened.

Sincerely,

Donna A. Clarke

**Donna A. Clarke
Director**