

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P99000023248

1. Corporation Name

YE OLDE FOUNDRY SHOPPE, INC.

FILED

01 DEC 31 AM 11:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

3863 ENTERPRISE AVE., #7
 NAPLES FL 34104

3863 ENTERPRISE AVE., #7
 NAPLES FL 34104

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3562461

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	HOWARD, DOUGLAS B	130 12TH STREET, N.E. 930 7TH AVE. So. #A	NAPLES FL 34120 34102
	SORIERO, LOUIS R	3863 ENTERPRISE AVE	NAPLES FL 34104
REINSTATEMENT 01			
200004850702--2 -01/31/02--01051--006 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: DOUGLAS B. HOWARD

Street Address (P.O. Box Number is Not Acceptable): 930 7th AVENUE SOUTH #A

Suite, Apt. #, Etc.: #A

City: NAPLES State: FL Zip Code: 34102

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: *Douglas B. Howard*
 REGISTERED AGENT MUST SIGN

Date: December 28, 2001

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: *Douglas B. Howard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: December 28, 2001
 Daytime Phone #

CR2E040 (8/01)