PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATI@N (≺. **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P99000023248	3
------------	--------------	---

1. Corporation Name

YE OLDE FOUNDRY SHOPPE, INC.

FILED

01 DEC 31 MH II: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Ad		Mailing Add	dress								
3863 ENTERPRISE AVE #7 3863 ENTERPI NAPLES FL 34104 NAPLES FL 34			RISE AVE., #7 4104								
		correct in any way, line t					elow.				
New Principal Office Address, if Applicable 3. New Mail			ling Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 03/12/1999				
Suite, Apt. #, etc. Suite, Apt. #			f, etc.				5. FEI Number Applied For				
City & State City & State			City & State)				59-3562461 Not Applicable			
Zip		Country	Zip		Country			6. CERTIFICA	TE OF STATUS DESIRE	S8.75 Add for a Ce	ditional Fee required ertificate of Status
7. Names	and Street Addre	esses of Each Officer an	d/or Director (Flo	orida nonprof	it corporat	ions must li	ist at lea	st 3 directors)			
Title(s)	Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director					4	City / State / Z	ip
D	HOWARD, DO	UGLAS B		1 30 12 TH <i>930 '</i>	STREET 7-70	NE. Avē.	So	# A	NAPLES FL 3442	34102	
	S ÒNERO, LO	₩ .		1000P-D/4		00 0-144	•	' ' ' نذ	MEDIES EL SANS) ()	
		,					R	eks	TATENE	NT O	
								.	3 00048	 	
								• • • • • • • • • • • • • • • • • • •	-01/31/(****75(0201051	006 *750.00
			·	<u> </u>	——————————————————————————————————————					-1-4	***
	8. Name	and Address of Curren	t Registered Ag	ent		9. Name and Address of New Registered Agent Name					
	<i>-</i>					Street Ad)buC dress (#	OrBox Numb	er is Not Acceptable)	TRI	A. Indian
	,					930 Suite, Apr	7 / I. #, Etc.	h Aver	UVE Sou	· 7 // * ·	*A
		·				City N	AP	LES		State Zip	Code 34/02
10. I, bein	g appointed the r	egistered agent of the a	pove named corp	oration, am fa	amiliar wit	h and acce	pt the ob	ligations of Se	ction 607.0505, F.S.		
Signature Registered	of Agent	uglin B	HOD REGISTERED AN	ENT MUST	/ 人 大 SIGN	* # * * * * * * * * * * * * * * * * * *	12		Date Sec	ember .	18,200/
11. I certif	y that I am an offi nstatement applic	cer or director or the red cation, the reason for dis	eiver or trustee e solution has bee	mpowered to	execute t	ate name s	atisfies t	he requiremen	hapter 607 or 617, F.S ts of section 607.0401	l or 617.0401, F.	S., that all fees