

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 20 AM 9:44

[Handwritten initials]

DOCUMENT # *P99000065001*

1. Corporation Name

B & D Collectibles, Inc.

2. Principal Office Address

PO Box 14737

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 14737

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

U.S.A

City & State

Tallahassee, FL

Zip

32317

Country

U.S.A.

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

9/01/1999

5. FEI Number

59-3644154

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Deborah May

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

2309 Hampshire Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Deborah B May

REGISTERED AGENT MUST SIGN

Date *8/19/04*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres.</i>	<i>Deborah May</i>	<i>2309 Hampshire Way</i>	<i>Tallahassee, FL 32309</i>

900040501509
*08/25/04--01055--004 **1050.00*

10. 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)(f), 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:

Deborah B May *Deborah May*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/04

Date

(850) 445-3709

Daytime Phone #

CR2E081 (01/04)