

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000082869**

1. Corporation Name

**HISTORIC BERLIN WALL ART COLLECTION
INC.**

2. Principal Office Address

599 WEKIVA BLUFF ST.

Suite, Apt. #, etc.

City & State

APOPKA, FL

Zip

32712

Country

ORANGE

3. Mailing Office Address

599 WEKIVA BLUFF ST.

Suite, Apt. #, etc.

City & State

FT APOPKA, FL

Zip

32712

Country

ORANGE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9-13-99

5. FEI Number

59-3596488

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

TIM MCGUIRE

500003463515-6

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

599 WEKIVA BLUFF ST.

**11/15/00 01000-008
***750.00 ***750.00**

Suite, Apt. #, Etc.

City

APOPKA FL

State

FL

Zip Code

32712

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

TIM MCGUIRE

Date **10-24-00**

REGISTERED AGENT MUST SIGN

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
P/D	TIM MCGUIRE	599 WEKIVA BLUFF ST.	APOPKA, FL 32712
D	GENEVIEVE MCGUIRE	599 WEKIVA BLUFF ST.	APOPKA, FL 32712

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)(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.

KE

SIGNATURE:

TIM MCGUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00

Date

407-464-4592

Daytime Phone #