

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 523493

1. Corporation Name

AUTUMN MOON FIREPLACES INC

2. Principal Office Address

10207 SE LENNARD RD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

Zip

34952

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/7/91

5. FEI Number

65-0238615

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NOEL GILMORE

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

10207 SE LENNARD RD

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State  
FL

Zip Code

34952

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

Noel Gil

Date 1-2-03

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	THOMAS E. TENNESEN	494 SE VERADA AVE	PORT ST LUCIE FL 34952
VP	NOEL GILMORE	494 SE VERADA AVE	PORT ST LUCIE FL 34952

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.

SIGNATURE:

Noel Gil - NOEL GILMORE

1-2-03

772-335-1457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (10/02)