

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JUL 14 PM 8:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000043218

1. Corporation Name

Gauery 96, Inc.

Principal Place of Business

Mailing Address

319 N. Segrove St.
 Daytona Beach, Fl. 32114

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

5/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3421992

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTO	Gil Yedid	3845 Long Grove Lane	Port Orange, FL 32119
✓	Moshe Katan	100 Bent Tree Rd. Apt. 606	Daytona Beach FL 32114

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TS. 91-98 AR2 two pages

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AmeriLawyer
 343 Almeria Avenue
 Coral Gables, FL 33134

Name: Gil Yedid
 Street Address (P.O. Box Number is Not Acceptable): 3845 Long Grove Lane
 Suite, Apt. #, Etc.:
 City: Port Orange State: FL Zip Code: 32119

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

REGISTERED AGENT MUST SIGN

Date

7-8-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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.

Gil Yedid, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-98

Date

Daytime Phone #

904-248 2018

CR2ED040 (1/98)

Gallery 96, Inc.
319 North Segrave Street
Daytona Beach, Florida 32114

Tele: (904)248-2018

Fax: (904)248-1484

July 08, 1998

Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: Reinstatement

Dear Officer:

Recently it came to my attention that our company was dissolved. Our mail apparently was not forwarded correctly and we never received our annual filing form for last year or this year. I am including a check in the amount of \$315.00 as directed by a telephone representative and the \$8.75 for certificate of status for a total of \$323.75. Please review our corporation and see if this is fine.

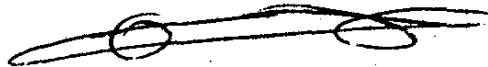
Also, please make the necessary address changes if not already done with the request for this form.

Previous address: 714-D Glades Ct
Port Orange, FL 32127

**New address: 319 N Segrave Street
Daytona Beach, FL 32114**

If you should have any questions please fee free to call. I look forward to this matter being resolved as soon as possible.

Sincerely,



Gil Yedid
President