

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUL 27 PM 5:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076603

1. Corporation Name  
Floor Gallery, Inc.

2. Principal Office Address 1002 Old Dixie Highway Suite, Apt. #, etc.		3. Mailing Office Address 1002 Old Dixie Highway Suite, Apt. #, etc.	
City & State Vero Beach - FL		City & State Vero Beach - FL	
Zip 32960	Country Indian River	Zip 32960	Country Indian River

06-04-2000 90002 010 550000

4. Date Incorporated or Qualified To Do Business in Florida Aug 16, 1999	
5. FEI Number 59-3599972	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Harvey Kramer	600004540745-1
Street Address (P.O. Box Number is Not Acceptable) 1002 Old Dixie Highway	-08/17/01--01092-002 ***350.00 ***350.00
Suite, Apt. #, Etc.	REINSTATEMENT DO-0183
City Vero Beach	State FL
	Zip Code 32960

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: Harvey Kramer Date: 6/28/2001  
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	Michael Kramer	1361 30th Avenue	Vero Beach, FL 32960
VP	Harvey Kramer	552 Stanley's Cay	Vero Beach, FL 32960
St	Rachael Kramer	1361 30th Avenue	Vero Beach, FL 32960

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: Rachael Kramer Date: 6/28/2001 (561) 5167-0882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E081 (9/00)