


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL  
FILED

03 JUL 18 PM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **✓ 50439**

1. Corporation Name  
**JOAN'S GALLEY TOO, INC.**

2. Principal Office Address  
**20400 OLD CUTLER RD.**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip Country  
**33189 USA**

Zip Country

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified To Do Business in Florida  
**7/23/92**

5. FEI Number  
**65 0346 885**

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  
**JOAN M. PARKER**

Street Address (P.O. Box Number is Not Acceptable)  
**20500 OLD CUTLER RD.**

Suite, Apt. #, Etc.

City  
**MIAMI, FL**

State  
**FL**

Zip Code  
**33189**

600021631236  
07/18/03--01013--004 \*\*\$10.00

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  
*[Signature]* Date **7/7/03**

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
PRES/TS	KATHY McMILLAN	20320 BELLAIRE DR.	MIAMI, FL 33189
VP/SEC	JOHN KAPPES	8044 SW 199 TERR	MIAMI FL 33189
ASST SEC	ANNETTE KAPPES	8044 SW 199 TERR	MIAMI FL 33189

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: *Kathleen McMILLAN* Date **7/7/03** 305 2539360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**KATHY McMILLAN, PRES.**

CR2E081 (10/02)