


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H88354**

1. Corporation Name

GALERIA DE ARTE NADER, INC.

Principal Place of Business

3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

Mailing Address

3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1985

5. FEI Number

59-2605984

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NADER, MARIA	ATARAZANA #9	SANTO DOMINGO FL
VP	NADER, GARY	3306 PONCE DE LEON BLVD.	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

NADER, GARY
3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

 **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/17/01

11. 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:

 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01

305-442-0230



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 22 PM 3:45

CR2040 (8/01)

Gary Nader *fine art*

The Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To whom it may concern:

I hope this letter finds you well.

As per my conversations with Stacy at the Reinstatement division she has asked me to do the following.

RE: Document # H88354 (Galeria de Arte Nader, Inc.)


We never received prior notification on this document number until today. Thus we never sent in the check in the amount of \$150.00. Enclosed please find the application received today along with check #2043 in the amount of \$150.00.

RE: Document # P00000044526 (Latin Fine Arts.Com Corp.)

We never received the forms regarding the correction that you needed (#5 – FEI Number). Enclosed please find the corrected form that was received today. You already have check # 1669 in the amount of \$150.00 that was deposited back in April of this year.

If you have any questions please call 305-442-0256.

Thank you kindly,


Gary Nader