

2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000106359

1. Corporation Name

SILK GALLERY Florat, Inc

2. Principal Office Address

4 W. HALLANDALE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

4 W HALLANDALE BLVD

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

Zip

33009

Country

REINSTATEMENT

J305

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/99

5. FEI Number

65-0672137

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

CHARLES SCHER

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

7100 Congress Avenue

Suite, Apt. #, Etc.

Suite 1105

City

Boca Raton

State
FL

Zip Code

33487

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

Date

3/14/05

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	NEMATZ, ADAM	4 W HALLANDALE BLVD	HALLANDALE FL 33009

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:

A NEMATZ

ADAM NEMATZ

3/13/05

954-457-7477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

SILK GALLERY FLORAL, INC.

4 W. Hallandale Beach Blvd.
Hallandale, FL 33009

2052

March 14, 2005

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

Dear Sir:

Re: Silk Gallery Floral, Inc. P 99000106359

The registered agent for the above corporation changed his address in January 2003. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$450.00 for the 2003, 2004 and 2005 years and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

A Nematz

Adam Nematz
President