

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg-10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **795000021382**

1. Corporation Name

Shades of Light Gallery, Inc.

2. Principal Office Address

613 E. Las Olas Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

613 E. Las Olas Blvd.
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip Country

33301 U.S.A

City & State

Fort Lauderdale, FL

Zip Country

33301 U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/95

5. FEI Number

65-0574734

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

Ruth Liverpool

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

8428 W. Oakland Park Blvd.

Suite, Apt. #, Etc.

City

Surprise

State
FL

Zip Code

33351

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

Ruth Liverpool

REGISTERED AGENT MUST SIGN

Date **12/10/02**

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	Darni, Ulla	613 Las Olas Blvd	Fort Lauderdale, FL 33301
VP	Sotire, Colleen	613 Las Olas Blvd	Fort Lauderdale, FL 33301

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/10/02**

Daytime Phone #

CR2E081 (9/01)

- Please Do Not Remove -

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Lass Accounting & Business Services, Inc.

8428 W. Oakland Prk. Blvd. Sunrise, FL 33351

(954) 746-5011 Fax: (945) 746-7996

11/18/02

Divisions of Corporations

P.O. Box 6327

Tallahassee, FL 32314

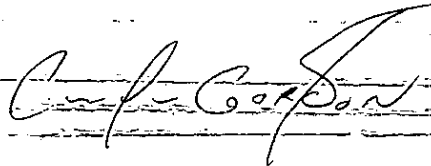
RE: Shades of Light Gallery, Inc.

To Whom It May Concern:

In reference to the above corporation, my client, Colleen Sotire, president of Shades of Light Gallery, Inc. received from the department of state the an application for reinstatement stating that the corporation was dissolved due to non filing of the 2002 UBR. It is to our understanding that this is the first notice this is the first notice Ms. Sotire has received.

My client didn't receive the 2002 UBR and was unaware of the penalties as well. We ask that you please take this into consideration and waive my client's penalty fees. Thank you for your consideration.

Respectfully,



Carleecia Gordon

Accounting Assistant