PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION 07 AUG 13 PH 3: 09 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** STATE On Down to ELECKIDA DOCUMENT # 354113 Atlantic Gallery Inc REINSTATEMENT 84-07 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 8503 Hollyridge Road same CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 10/20/1969 To Do Business in Florida City & State City & State 5. FEI Number Jacksonville, Florida 591275903 Country Zip ^z 32256 Country **6.** CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Richard T. Spinner The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) 8503 Hollyridge Road the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Zip Code 32256 Jacksonville 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Titles City / State / Zip Officers and/or Directors Jacksonville, FL 32256 Richard T. Spinner 8503 Hollyridge Road

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 contained in Chapter 119, 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 RICHARD TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. Spinner, President Aug. 9, 2007 904-565-9424

Richard T. Spinner 8503 Holly Ridge Road Jacksonville, Florida 32256 (904) 565 – 9424

August <u>9</u>, 2007

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Atlantic Gallery, Inc. (Document #354113)

Dear Sir or Madame;

Enclosed is a completed application for reinstatement of Atlantic Gallery, Inc. Atlantic Gallery, Inc. was formed on October 20, 1969 and administratively dissolved on September 24, 1999. Before the dissolution of Atlantic Gallery, Inc. my late wife, Dolores A. Spinner, handled the corporate records maintenance for the corporation as well as the filing of all annual reports and payment of corresponding fees. In 1999 Dolores became ill, she battled with Alzheimer's disease and experienced dementia during the ensuing years and until her death. During this period I was consumed with the care of my wife and I am uncertain whether or not we received a renewal notice in 1999. I have recently been diagnosed with cancer and am undergoing treatment. While in the process of settling my business affairs, I have discovered that Atlantic Gallery, Inc. was dissolved in 1999 for failure to file the annual return. I have enclosed a check in the amount of \$1,350.00 in payment of the annual filing fees from 1999 through 2007. I ask that you waive the \$600 reinstatement fee for Atlantic Gallery, Inc. as my failure to file the annual returns was not willful and was attributable only to my lack of attention to the matter during a period in which I was called upon to care for my wife in her illness. Thank you for your time and consideration.

Sincerely,

Richard T. Spinner