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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 AM 11:39

DOCUMENT # 354536

1. Corporation Name

**GALERIE 99, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~5700 N BAY ROAD~~<br>~~MIAMI FL 33140-2035~~<br>~~US~~ | ~~5700 N BAY ROAD~~<br>~~MIAMI FL 33140-2035~~<br>~~US~~ |

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

REINSTATEMENT 00-A

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 5915 PONCE DE LEON BLVD. | 5915 PONCE DE LEON BLVD. |
| Suite, Apt. #, etc.: PLUMER BLDG., SUITE 10 | Suite, Apt. #, etc.: PLUMER BLDG., SUITE 10 |
| City & State: CORAL GABLES, FLORIDA | City & State: CORAL GABLES, FLORIDA |
| Zip: 33146 Country: U.S.A. | Zip: 33146 Country: U.S.A. |

4. Date Incorporated or Qualified To Do Business in Florida: 10/29/1969

5. FEI Number: 59-1275519 ☐ 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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| ~~PTD~~ | ~~JAFFE,ANN~~ | ~~5700 N BAY ROAD~~ | ~~MIAMI FL~~ |
| ~~D~~ | ~~JAFFE, NORMAN S~~ | ~~5700 N BAY ROAD~~ | ~~MIAMI FL~~ |
| D/P | EDWARD T. FOOTE II | 5915 PONCE DE LEON BLVD.<br>PLUMER BLDG., SUITE 10 | CORAL GABLES, FL 33146 |
| D/VP | LUIS GLASER | 5915 PONCE DE LEON BLVD.<br>PLUMER BLDG., SUITE 10 | CORAL GABLES, FL 33146 |
| D/T | DIANE COOK | 5915 PONCE DE LEON BLVD.<br>PLUMER BLDG., SUITE 10 | CORAL GABLES, FL 33146 |
| D/S | ROBERT L. BLAKE | 5915 PONCE DE LEON BLVD.<br>PLUMER BLDG., SUITE 14 | CORAL GABLES, FL 33146 |

8. Name and Address of Current Registered Agent

~~JAFFE,ANN~~
~~5700 N BAY ROAD~~
~~MIAMI FL 33140~~

9. Name and Address of New Registered Agent

Name: ROBERT L. BLAKE
Street Address (P.O. Box Number is Not Acceptable): 5915 PONCE DE LEON BLVD.
Suite, Apt. #, Etc.: PLUMER BLDG., SUITE 14
City: CORAL GABLES State: FL Zip Code: 33146

(800) 640-2820

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: Robert L. Blake Date: 3/30/01
REGISTERED AGENT MUST SIGN

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: Robert L. Blake Robert L. Blake 3/30/01 305-284-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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# Florida Department of State

## Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From: Angie Calabrese
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

# CORPORATION REINSTATEMENT

## GALERIE 99, INC.

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $900.00 |

14266-072660