

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf2

APPLICATION
FOR
~~REINSTATEMENT~~

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

FILED

00 NOV 29 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 376777

1. Corporation Name

RINDOM GALLERIES INC.

Principal Place of Business

5311 N.W. 77TH CT.
POMPANO BCH. FL 33073

Mailing Address

5311 N.W. 77TH CT.
POMPANO BCH. FL 33073

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1390094

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
SPD	RINDOM, ERNEST	5311 N.W. 77TH CT.	POMPANO BCH. FL
P	RINDOM, HILDA	5311 NW 77TH CT	POMPANO BCH FL
			000003491440--8 -12/08/00-01017-012 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RINDOM, HILDA & ERNEST
5311 N.W. 77TH CT.
POMPANO BCH. FL 33073

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

11/22/00

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 #

11/22/00
954-429-9996

KE

CR2E040 (8/00)

RINDOM GALLERIES, INC.
5311 NW 77TH COURT
POMPANO BEACH, FL 33073

2052
376777

November 16, 2000

Division of Corporations/Corporate Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

As per our telephone conversation of November 16, 2000 included please find a check in the amount of \$150.00 for the annual fee for Rindom Galleries inc. document # 376777. Due to a serious illness and a change over in accountants the annual report was not filed on time and I would greatly appreciate if the late fees were waived

Sincerely,

Ernest Rindom, President
Rindom Galleries, Inc.