

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000003770

1. Entity Name  
LLADRO GALLERIES, INC.



FILED

07 FEB 16 AM 9:52

STATE  
TALLAHASSEE, FLORIDA



10-22-06 REINSTATEMENT 098 (11/05) 06-07

Principal Place of Business  
2223 N WEST SHORE BLVD  
SUITE 248  
TAMPA, FL 33607

Mailing Address  
1 LLADRO DR.  
MOONACHIE, NJ 07074

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
22-2916345

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JENTIS, BARBARA S	
STREET ADDRESS	43 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, FERNANDO SANZ	
STREET ADDRESS	TAVERNES BLANQUES	
CITY-ST-ZIP	VALENCIA, SPAIN,	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOIRA, BEATRIZ GARCIA	
STREET ADDRESS	TAVERNES BLANQUES	
CITY-ST-ZIP	VALENCIA, SPAIN,	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOS, MARIE ANNE	
STREET ADDRESS	TAVERNES BLANQUES	
CITY-ST-ZIP	VALENCIA, SPAIN,	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MONLEY, KARIM	
STREET ADDRESS	TAVERNES BLANQUES	
CITY-ST-ZIP	VALENCIA, SPAIN,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800088982178	
STREET ADDRESS	02/22/07--01001--015	
CITY-ST-ZIP	**300.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	172/19	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Jentis, V.P. 1-17-07 201-807-1177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #