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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006812

1. Corporation Name

KRATON GALLERY U.S.A., INC.

Principal Place of Business	Mailing Address
139 NW 11TH STREET BOCA RATON FL 33432	20673 NW 26TH AVE. BOCA RATON FL 33434

2002 UBR

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
3500 N.W. Boca Raton Blvd.	
Suite, Apt. #, etc.: Unit 701	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33431 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/1996

5. FEI Number: 23-2833257 ☐ 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
P&D	MACLEOD, JACQUELINE	20673 NW 26TH AVE.	BOCA RATON FL 33434
VD	KNIGHT, MALCOM	20675 NW 26TH AVE.	BOCA RATON FL 33434

900006613789
10/28/02--01052--012 **158.75

8. Name and Address of Current Registered Agent

BECKERMAN, DAVID M ESQ
1200 N. FEDERAL HWY., #320
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name: Jacqueline Macleod
Street Address (P.O. Box Number is Not Acceptable): 3500 N.W. Boca Raton Blvd.
Suite, Apt. #, Etc.: Unit 701
City: Boca Raton State: FL Zip Code: 33431

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. or 617.0505, F.S.

Signature of Registered Agent: J. Macleod SIGNATURE REQUIRED Date: 10.22.02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: J. Macleod SIGNATURE REQUIRED 10.22.02 (561) 447 7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kraton
GALLERY USA INC.

furniture from the tropics.

CHA
CARIBBEAN HOTEL ASSOCIATION
ALLIED MEMBER

October 22nd 2002

Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee Fl 32314-6327

RE: Corporate Reinstatement

Dear Sir/Madam

We have not received any of the prior two year business reports because we had moved our store's location. Enclosed is the application for reinstatement listing our new address and change of registered agent, as well as a check for $158.75. ($150.00 fee to file report without penalty and $8.75 fee for certificate of status).

Sincerely

J. Macleod.

Jacqueline Macleod
President

The Boca Design Centre • 3500 N.W. Boca Raton Boulevard, Unit 701 • Boca Raton, Florida 33431
Tel/Fax (561) 447-7171 • e-mail: jacquie@kraton-gallery.com • www.kraton-gallery.com
Kraton: ('Kra:t'n) *n.* Javanese word for the Palace of the King.