


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 14 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>199 600004236</u>			
1. Corporation Name <u>MARK REUBEN GALLERY, INC</u>			
2. Principal Office Address <u>#12 Princess St</u> Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State <u>Sausalito, CA</u>		City & State <u>CA</u>	
Zip <u>94965</u>	Country <u>USA</u>	Zip <u>94965</u>	Country <u>USA</u>

REINSTATEMENT

800017315148
 01/29/03--01068--008 **1050.00

4. Date Incorporated or Qualified To Do Business in Florida <u>8/16/99</u>	
5. FEI Number <u>911852-128</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Joell Adams</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>417 EAST ATLANTIC AVE</u>	
Suite, Apt. #, Etc.	
City <u>Delray Beach</u>	State <u>FL</u>
Zip Code <u>33483</u>	

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 AgentJoell Adams

REGISTERED AGENT MUST SIGN

Date 4/7/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	MARK REUBEN	#12 Princess St	Sausalito CA 94965
Sec	mark Reuben	#12 Princess St	Sausalito CA 94965
Treas	mark Reuben	#12 Princess St	Sausalito CA 94965
Dir	mark Reuben	#12 Princess St	Sausalito CA 94965

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 807.0401 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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-7-03

Daytime Phone #

CRE001 (10/02)