

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

OCT 25 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H20420

1. Corporation Name

BERNARD GISSEN GALLERY, INC.

Principal Place of Business

Mailing Address

7753 GRANVILLE DR
TAMARAC FL 33321-8733

Bldg F

7753 GRANVILLE DR
TAMARAC FL 33321-8733

Bldg F

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

09/11/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2448128

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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
PD	GISSEN, BERNARD A.	7573 GRANVILLE DR	TAMARAC FL 33321
S	GISSEN, BARBARA D.	7573 GRANVILLE DR	TAMARAC FL 33321

100003465481--3
-11/16/00--01009--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GISSEN, BERNARD A.
7573 GRANVILLE DR
TAMARAC FL 33321-8733

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

REGISTERED AGENT MUST SIGN

Date

10/2/00

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD A. GISSEN

Date

10/2/00

Daytime Phone #

9547180000

MR MRS B GISSEN
7573 GRANVILLE DR.
TAMARAC FL.
33321

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RE: H20420

FEI Number 59-2448128

FL Dept. of State
Div. of Corporations
Po Box 6327
Toll. FL 32314-

As per my conversation with your office
I have enclosed a check for \$750.00 for
Annual Corp Fee.

I didn't receive the original request
for filing because of an error in
the address (enclosed copies).

Your cooperation in reinstating my
Corporation would be appreciated

Thank you
Bernard Gissen