

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

00 OCT 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H61494

1. Corporation Name

THE FRAMING ESTABLISHMENT & GALLERY, INC.

Principal Place of Business

Mailing Address

4216 HERSCHEL ST.
JACKSONVILLE FL 33210
US

4216 HERSCHEL ST
JACKSONVILLE FL 32210
US



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

06/06/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2543303

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	SLAUGHTER, JACK C.	4216 HERSCHEL ST.	JACKSONVILLE FL
DVP	SLAUGHTER, ELOISE P.	4172 LEXINGTON AVENUE	JACKSONVILLE FL
DST	SLAUGHTER, WILLIAM	4172 LEXINGTON AVENUE	JACKSONVILLE FL

REINSTATEMENT 2000

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-11/07/00--01097--002

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLAUGHTER, JACK C.
4216 HERSCHEL ST.
SUITE #6
JACKSONVILLE FL 32210

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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 10/16/00

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 #

904-384-7724

10/16/00