

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **H88354**

1. Corporation Name

GALERIA DE ARTE NADER, INC.

Principal Place of Business

3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

Mailing Address

3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1985

5. FEI Number

59-2605984

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NADER, MARIA	ATARAZANA #9	SANTO DOMINGO FL
VP	NADER, GARY	3306 PONCE DE LEON BLVD.	CORAL GABLES FL 33134

500003457395--1
-11/08/00--01062--023
****150.00 ****150.00

8. Name and Address of Current Registered Agent

NADER, GARY
3306 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

10/14/20

REGISTERED AGENT MUST SIGN

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 #

10/14/20
(305) 442-0250

CR2E040 (9/00)

DO NOT REMOVE!

Gary Nader *fine art*

October 16, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

To Whom it may concern:

I hope this letter finds you well.

I have just spoken to your office and they have instructed me to send a check for \$150.00. Since our gallery remains closed most of the time and we did not receive your annual report/uniform business report.

If you need to reach me please call 305-442-0256.

Thank you,

Gary Nader