


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # J77839</b> 1. Entity Name <b>H.B. BRICKELL GALLERY, INC.</b>	
--	---

FILED  
04 OCT 25 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>905 S. BAYSHORE DRIVE APT 727 MIAMI, FL 33131</b>	Mailing Address <b>905 S. BAYSHORE DRIVE APT 727 MIAMI, FL 33131</b>
---	---

2. Principal Place of Business <i>905 Brickell Bay Drive</i> Suite, Apt. #, etc. <i># 727</i>	3. Mailing Address <i>905 Brickell Bay Drive</i> Suite, Apt. #, etc. <i># 727</i>
--	--

10212004 REIN-P CR2E098 (6/04)

City & State <i>MIAMI - Florida</i>	City & State <i>MIAMI - Florida</i>		
Zip <i>33131</i>	Country <i>DADE</i>	Zip <i>33131</i>	Country <i>DADE</i>

4. FEI Number <b>59-2812715</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>FELDER, LAWRENCE D. 1326 SE 3RD AVE FT LAUDERDALE, FL 33316</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARER, HEIDI R.</b>	NAME	<b>500042157735</b>
STREET ADDRESS	<b>905 S BAYSHORE DR 727</b>	STREET ADDRESS	<b>10/25/04--01060--023 **150.00</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Heidi R. Barer *Heidi R. Barer* 10/21/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #