

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 1:08

DOCUMENT # K51148

1. Corporation Name

GLENEAGLES ART, INC.

Principal Place of Business

3600 S CONGRESS AVE
SUITE A
BOYNTON BCH. FL 33426
US

Mailing Address

3600 S CONGRESS AVE
SUITE A
BOYNTON BCH. FL 33426
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1226 W. INDIAN TOWN RD

Suite, Apt. #, etc.

SUITE 103/104

City & State

JUPITER

Zip

FL 33458

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03



500023767185
10/14/03--01002--016 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1988

5. FEI Number

65-0094132

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SOUERWINE, DREW	3600 S CONGRESS AVE SUITE A 871 VILLAGE BLVD. SUITE 601	BOYNTON BEACH FL 33426 W. PALM BEACH FL 33409

8. Name and Address of Current Registered Agent

SOUERWINE, ANDREW

3600 S CONGRESS AVE

STE A

BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

871 VILLAGE BLVD. SUITE 601

Suite, Apt. #, Etc.

City

W. PALM BEACH

State

FL

Zip Code

33409

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. or 617.0505, F.S.

Signature of
Registered Agent

Andrew Souerwine
REGISTERED AGENT MUST SIGN

Date

10.9.03

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:

Andrew Souerwine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.9.03

Daytime Phone #

341-748-
0282

CH2E040 (7/03)

PATRICK DAY HOME GALLERY

Shoppes of Jupiter Creek
1226 West Indiantown Road, Suite 103/104
Jupiter, FL 33458
Phone: 561-748-0280 Fax: 561-748-6567

Division of Corporations
State of Florida
Annual Report
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: K51148 REINSTATEMENT

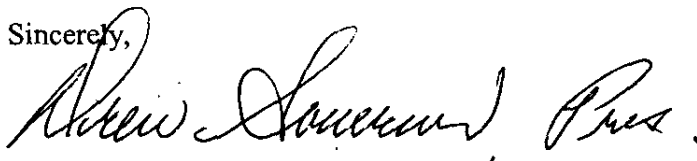
October 8, 2003

To Whom It May Concern:

This letter is to certify that we did not receive prior UBR notice mailings concerning our annual corporate renewal. I believe this is the first time since our initial filing in 1988 that we have had this problem and I hope it will be overlooked this one time.

Enclosed is the regular fee, without penalty, in the amount of \$150.00 per your guidelines. Please do not hesitate to call if we may be of further help.

Sincerely,



Drew Souerwine
President,
Gleneagles Art, Inc.
D/B/A Patrick Day Home Gallery

DS/ads
Encl.