

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 AM 11:11

DOCUMENT # K81847

1. Corporation Name

GALERIE MIHALIS INC

2. Principal Office Address

7094 SKYLINE DR
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33446

Country

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/17/1989

5. FEI Number

65-0126620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEGGY GOURGOURINIS NOE

200003819442

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

7094 SKYLINE DR.

03/08/01 01101

012
****300.00 ****300.00

Suite, Apt. #, Etc.

City

DELRAY BEACH, FL

State

FL

Zip Code

33446-2212

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR	PEGGY GOURGOURINIS NOE	7094 SKYLINE DR.	DELRAY BEACH, FL 33446

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEGGY GOURGOURINIS NOE

Date

Daytime Phone #

2/26/01 458-2133

(521)

CR2E081 (9/00)