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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



03 OCT 22 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013058

Name and Mailing Address

0005062 01 AT 0.292 \*\*AUTO T1 0 0615 33040-740521



KENT GALLERY, LLC  
821 DUVAL STREET  
KEY WEST FL 33040-7405



2. New Mailing Address —		4. State/Country of Formation FL	
City, State, Zip —		5. Date Organized or Qualified To Do Business in Florida 08/07/2001	
Principal Place of Business 821 DUVAL STREET KEY WEST FL 33040	3. New Principal Place of Business Address — City, State, Zip —	6. FEI Number 65-1130095	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent  KENT, CLAIRE C/O KENT GALLERY, LLC 821 DUVAL STREET KEY WEST FL 33040	9. Name and Address of New Registered Agent Name — Street Address (P.O. Box Number is Not Acceptable) — City — FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent CLAIRE A. KENT *Operating Mgr.* Date 10/17/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KENT, DAVID G	821 DUVAL STREET	KEY WEST FL 33040
MGR	KENT, CLAIRE A	821 DUVAL STREET	KEY WEST FL 33040
<p>800024001768 10/22/03--01013--020 **155.00</p> <p><b>REINSTATEMENT</b></p>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager CLAIRE A. KENT Date 10/17/03 Daytime Phone # 305-292-5646

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)