## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

L02000023289

Name and Mailing Address

0006510 01 AT 0,292 \*\*AUTO T5 0 0615 33146-186099 ART+ GALLERY, LLC 358 SAN LORENZO AVENUE MERRICK PARK VILLAGE # 3020

FILED

03 OCT 27 AN 8 ON

SECRETARY OF STATE 10/27/03--01122--022 \*\*155.00



**CORAL GABLES FL 33146-1860** US

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2. New Mailing Address					4. State/Country of Formation		
358 San Lo renzo Due # 3135 Nemich Pork Villago FL							
City, State, Zip					5. Date Organized or Qualified To Do Business in Florida 09/09/2002		
Coral Galls - FL 33146				10 DO Busir	ess in Florida		
Principal Place of Business 358 SAN LORENZO AVENUE MERRICK PARK VILLAGE # 3020  3. New Principal Place of Busines			s Address	6. FEI Number		✓ Applied For	
						Not Applicable	
CORAL GABLES FL 33146 City, State, Zip		City, State, Zip	7.		\$5.00	Additional Fee required	
US			CERTIFICATE OF STATUS DESIRED []/				
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
			Name				
BERNARD, DEBRA L 1531WEST 22ND STREET			Street Address (P.O. Box Number is Not Acceptable)				
MIAMI BEACH FL 33140			below real case (1.5. but real 25 for receptually				
			City 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 Date ON 24 03							
Signature of Registered Agent							
11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Mana				e / Zip	
MGR-	BOUIN - FREDERIC		ENUE-SUITE-34-E-	+F NEW_YORK-NY-10022		-	
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12. I certify	y that I am managing member/manager or	the receiver or trustee empowered t	o execute this appl	lication as provide	ed for in chapter 608, F.S. 1 fu	rther 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/Manag

Baytime Phone #\_ 786\_497\_ [[]/]\_