

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L99000006030

1. Entity Name  
THE IMPERIAL ART GALLERY, LLC



FILED

2007 OCT 19 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
128 SOUTH KENTUCKY AVENUE  
LAKELAND, FL 38301

Mailing Address  
128 SOUTH KENTUCKY AVENUE  
LAKELAND, FL 38301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
59-3666193

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAY, MADELINE  
128 SOUTH KENTUCKY AVENUE  
LAKELAND, FL 38301

Name

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

City

FL

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 *Madeline Lay*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-13-07

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME WOLITZ, LINDA  
STREET ADDRESS 3527 HIGHLAND FAIRWAYS BLVD.  
CITY-ST-ZIP LAKELAND, FL 33810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000111013910  
CITY-ST-ZIP 10/13/07--01049--012 \*\*55.00

TITLE MGRM ☐ Delete  
NAME DUNCAN, NORMAN  
STREET ADDRESS 22 BREEZE HILL  
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME HUGHES, LYNNE  
STREET ADDRESS 6740 BROKEN ARROW TRAIL  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MCAL ☐ Delete  
NAME MCALISTER, LINDA  
STREET ADDRESS 2002 E. GACHET BLVD.  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME FRYE, CAROL  
STREET ADDRESS 5173 CAMBRY  
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME CARTER, ROSEMARY  
STREET ADDRESS 790 S JACKSON AVE  
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Madeline Lay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-13-07

813-902-1277