PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham · FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 DEC 31 MM 9: 33 **DOCUMENT #** 1. Corporation Name SECHE WAY BELIATE TALLAHAGSE FLORIDA THRESHOLD GALLERY, INC. Principal Place of Business Malling Address W BLAIR I. ZIMMETT. ESQ. % BLAIR I. ZIMMETT, ESO. 561 N.W. 32 STREET 561 N.W. 32 STREET MIAM! FL 33127 MIAMI FL 33127 nstatement o If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/08/1986 Apt. 11, etc. 10431 SW 1111 St 5. FEI Number 59-2723086 Applied For Not Applicable \$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) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip SPEROW, DONNA W 561 NW 32 ST. MIAMI FL WALDBERG, JEAN 10431 S.W. 111TH ST. MIAMI FL ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent WALDBERG, JEAN Street Address (P.O. Box Number is Not Acceptable) 561-N.W. 32-STREET MIAMI FL-33127 City State Zip Code 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 Signature of Registered Agent 11. This corporation owes or has paid the current year (See other side for Information on intangible tax.) Yes 🔀 Intangible Personal Property tax due June 30. No 12. 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 18/34/97 305-271-2356 SIGNATURE: