## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000011410

FILED Nov 06, 2006 Secretary of State

Entity Name: GALLERY ONE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2670 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 2670 EAST SUNRISE BOULEVARD 2950 N. 28TH TERRACE FORT LAUDERDALE, FL 33304 C/O THE CONTINENTAL GROUP, INC. HOLLYWOOD, FL 33020 FEI Number: 20-4524860 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILKINS, ROBERT 2670 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304 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. SIGNATURE: ROBERT WILKINS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ZANDER, DORON Name: Name: 2670 EAST SUNRISE BOULEVARD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILKINS, ROBERT Name: Address: 2670 EAST SUNRISE BOULEVARD Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: STD () Delete Title: () Change () Addition LADD, ELIZABETH Name: Name: 2670 EAST SUNRISE BOULEVARD Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH LADD STD 11/06/2006