

11/11/96 08:00

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FLORIDA OFFICE

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N35807

1. Corporation Name

Perillo Museum of Western Art, Inc.

Principal Place of Business

Mailing Address

Vacant Land, Fort Peirce, 70 Wards Point Ave.
St. Lucie County, Staten Island, NY 10307
Hutchinson Island, Fl

REINSTATEMENT *92-96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/27/89

5. Sols. Apt. #, etc.

6. Sols. Apt. #, etc.

5. FID Number

22-3024935

Applied For

Not Applicable

City & State

City & State
Staten Island
New York

Zip

Country

Zip

Country

U. S. A.

6. CERTIFICATE OF STATUS DATED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Annette P. Javaruski	3204 San Carlos Street	Clearwater, FL 34619
D	Anthony Pugliese, III	2500 Military Trail Suite 200	Boca Raton, FL 33431
D	Saul D. Nadel	20 Marion Lane	Scotch Plains, New Jersey 07076
V	Stephen Perillo	107 Charleston Ave.	Staten Island, New York 10309

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Annette P. Javaruski
Street Address (P.O. Box Number is Not Acceptable)
3204 San Carlos Street
City
Clearwater, FL 34619

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

Annette P. Javaruski
REGISTERED AGENT MUST SIGN

Date *11/16/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(Use other code for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information submitted is determined to be false or misleading. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607, F.S. I further certify that upon 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., and that all fees owed by the corporation have been paid. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Annette P. Javaruski ANNETTE P. JAVARUSKI, P. 11/16/96 813/558-7113