

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 13 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000031075

1. Corporation Name

Old Masters Gallery, Inc.

2. Principal Office Address

9458 Harding Ave.

Suite, Apt. #, etc.

City & State

Surfside, FL

Zip

33154

Country

USA

3. Mailing Office Address

9458 Harding Ave.

Suite, Apt. #, etc.

City & State

Surfside, FL

Zip

33154

Country

USA

REINSTATEMENT

2001-2002
10/22/02 01064 004 \$98.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0999300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGEI SERGEEV

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

9458 Harding Ave.

Suite, Apt. #, Etc.

City

Surfside, FL

State

FL

Zip Code

33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GEORGEI SERGEEV	9458 Harding Ave	Surfside, FL 33154
M	ARSEN BAZYLENKO	9458 Harding Ave	Surfside, FL 33154
VP	EVELINA DOLBISHAVA	9458 Harding Ave	Surfside, FL 33154

10. 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.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/02 305-867-1988
Date Daytime Phone #

CR2E081 (9/01)