

2005 FOR PROFIT CORPORATION REINSTATEMENT

af-05

FILED

05 AUG -9 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08042005 REIN-P CR2E098 (6/04)

| | | | |
|---|--|--|--|
| DOCUMENT # P00000031075 1. Entity Name OLD MASTERS GALLERY, INC. | | | |
| Principal Place of Business 8295 BOCA RIO DR. BOCA RATON, FL 33433 | | Mailing Address 8295 BOCA RIO DR. BOCA RATON, FL 33433 | |
| 2. Principal Place of Business 2500-1 N. State Rd 7 Suite, Apt. #, etc. | | 3. Mailing Address 2500-1 N. State Rd 7 Suite, Apt. #, etc. | |
| City & State Hollywood FL Zip 33021 Country | | City & State Hollywood, FL Zip 33021 Country | |
| 4. FEI Number 65-0999300 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SERGEEV, GEORGE I 8295 BOCA RIO DR. BOCA RATON, FL 33154 | | 7. Name and Address of New Registered Agent Name SERGEEV, GEORGE Street Address (P.O. Box Number is Not Acceptable) 56 Bal Bay Dr City Bal Harbor FL Zip Code 33154 | |
| 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 5/20/05 <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SERGEEV, GEDRGEI 9458 HARDING AVE SURFSIDE, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SERGEEV, GEORGE 56 Bal Bay Dr. Bal Harbor, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SIDORENO, ARYON 3458 MARDING AVE MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SIDORENKO, ALYONA 56 Bal Bay Dr. Bal Harbor, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SC DIDENNO, ALEX 9458 HARDING AVE SURFSIDE, FL 33154 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SC DIDENKO, Alex 56 Bal Bay Dr. Bal Harbor, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SERGEEV, IVAN 56 Bal Bay Dr. Bal Harbor, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 500058385165 08/09/05--01028--006 ***300.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: Sergeev George - Pres. 5/20/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |