PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR - 3. Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED **DOCUMENT #** P00000056003 01 OCT 24 PH 2: 41 1. Corporation Name GALLERY MANUFACTURING CO. OC MEDLEY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11305 NW 128 STREET. #125 11305 NW 128 STREET. #125 MIAMI:FL 33178= MIAMI.FL 33178 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 06/09/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 5. FEI Number City & State City & State Not Applicable \$8.75 Additional Fee require for a Certificate of Status Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Title(s) Officer and/or Director 11305 NW 128KST 800004672708--9 -11/08/01--01059-(-014 ****750:00 *****750:00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ALEXANDER, SID 735 FAIRWAY DRIVE, #125 MIAMI LAKES FL 33014 10. I, being appointed the registered agent of the above named com Signature of Registered Agent DEGISTÉRED AGENT MUST SIGN

11. I certify that I appear 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 filling 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

NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

Daytime Phone #

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: