

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 11 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 61735

1. Corporation Name

Kevin Bruns Gallery, Inc.

2. Principal Office Address

3900 B NE 1st Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33137

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/2/00

5. FEI Number

20-1218397

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

CHARLES SCHER

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

7700 Longfellow Ave, Ste 1105

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

6/8/04

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
PSD	KEVIN BRUNS	3900 B NE 1st Avenue	Miami FL 33137

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:

Kevin Bruns

Date

6/8/04

Daytime Phone #

305-576-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN BRUK GALLERY, INC.

3900 B 1st Avenue
Miami, FL 33137

PS 2072

June 9, 2004

The Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

Re: Kevin Bruk Gallery, Inc. P 00000061735

The registered agent for the above corporation changed his address in January 2001. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$600.00 for the 2001, 2002, 2003 and 2004 years and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,



Kevin Bruk
President