

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

142  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 1:07

**DOCUMENT # P00000107581**

1. Corporation Name

**NANCYS ART STORE, INC.**

Principal Place of Business

Mailing Address

14795 SW 172 STREET  
MIAMI FL 33187

14795 SW 172 STREET  
MIAMI FL 33187

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

2. New Principal Office Address, If Applicable

13350 SW 128TH ST

3. New Mailing Office Address, If Applicable

13350 SW 128TH ST

Suite, Apt. #, etc.

Second Floor

Suite, Apt. #, etc.

Second Floor

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Miami-Dade

Zip

33186

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/2000

5. FEI Number

65-1056020

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RIVERA, NANCY	14795 SW 172 STREET	MIAMI FL 33187

000004662470--6

-11/01/01--01035--007

\*\*\*\*150.00 \*\*\*\*150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERA, NANCY  
14795 SW 172 STREET  
MIAMI FL 33187

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Nancy Rivera*  
REGISTERED AGENT MUST SIGN

Date

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

292

## *Nancy's Art Store, Inc*

13350 SW 128<sup>th</sup> Street, Second Floor, Miami, FL 33186  
Ph: (305) 234-0197 Fax: (305) 251-2147 WWW.NANCYSARTSTORE.COM

October 12, 2001

Florida Department of State  
Division of Corporations

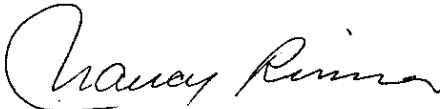
Recently I receive a letter from you where you inform me that I did not renew my corporation for the year 2000. My company name is Nancy's Art Store and my FEI number is 65-1056020.

I apologize because maybe for the reason that I'm new in the business and don't have the knowledge, I didn't worry when I didn't receive any document by mail that tell me to renew the corporation.

Like I just told you I never receive this in the mail, and as you know is very difficult to start a new business so I'm asking you to please wave the penalties this time, like this is my first year and under the promise that I make sure that this doesn't happen again.

Thank you very much.

Sincerely,



Nancy Rivera