

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000110111

1. Corporation Name

BLACK ORCHID ART GALLERY, INC.

Principal Place of Business

705 TARPON BAY ROAD
SANIBEL FL 33957

Mailing Address

PO BOX 1507
SANIBEL FL 33957

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/2000

5. FEI Number

65-1063247

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	GISH, ALAN R	1245 ISABEL DR	SANIBEL FL 33957
DVS	GISH, SHARON L	1245 ISABEL DR	SANIBEL FL 33957

8. Name and Address of Current Registered Agent

WINESETT, RICHARD W
2248 1ST ST
FT MYERS FL 33901

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Richard W. Winesett
REGISTERED AGENT MUST SIGN

Date

10/31/02

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:

Alan R. Gish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 239 472-0441

FILED

02 NOV -4 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100008784791
11/04/02--01074--008 **150.00

CR2E040 (8/02)

10-31-02

To: Department of State
Re: Black Orchid Art Gallery
Sanibel, FL 33957-1509
Dissolution of Corporation

I received above notice and
wish to report that neither I or our
registered agent received previous
notices on this matter

Please reinstate our Corporation

Check for 150⁰⁰ is enclosed

Thank you

Alan Gisl, President