

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 19 AM 8:29

DOCUMENT # P01000045318

1. Corporation Name

Geller Holdings, Inc

2. Principal Office Address

14902 WILDFLOWER LANE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

3. Mailing Office Address

14902 WILDFLOWER LANE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/7/01

5. FEI Number

65-1100828

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

BUSINESS FILINGS INCORPORATED

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

660 EAST JEFFERSON ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Mark K. H. HUP

REGISTERED AGENT MUST SIGN

Date

Aug. 5, 2004

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
<u>MR</u>	<u>SIMON GELLER</u>	<u>14902 WILDFLOWER LANE</u>	<u>DELRAY BEACH, FL 32301</u>

300040326423
08/19/04--01052--004 **1050.00

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:

Simon Geller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/04

Daytime Phone #

561-499-7001

CR2001 (01/04)

8/24
RD