

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY -3 AM 11:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P01000045522

1. Corporation Name

GALLERY BISTRO TAMPA, INC.

2. Principal Office Address - No P.O. Box #

10175 FORTUNE PARKWAY

3. Mailing Office Address

10175 FORTUNE PARKWAY

Suite, Apt. #, etc.

705

Suite, Apt. #, etc.

705

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

Zip

32256

Country

DUVAL

Zip

32256

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2001

5. FEI Number

593723312

☐ 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

KUNG-PO YEN

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

10175 FORTUNE PARKWAY

Suite, Apt. #, Etc.

705

City

JACKSONVILLE

State

FL

Zip Code

32256

**10-11 B S/4/11
REINSTATEMENT**

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 **04/27/2011**

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
DPS	Kung-Po Yen	10175 FORTUNE PARKWAY SUITE 705	Jacksonville, Florida 32256
DTV	KUNG-TI YEN	10175 FORTUNE PARKWAY SUITE 705	Jacksonville, Florida 32256

10. E-mail Address: **BIGEASYCAJUN@YAHOO.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/2011 904-260-5571