

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
04 MAY 13 PM 1:41

DOCUMENT # P01000078953

**1. Corporation Name**

GALLERIE DES ARTES, INC.

**2. Principal Office Address**

990 BOULEVARD OF THE ARTS

Suite, Apt. #, etc.

#1203

City & State

SARASOTA, FLORIDA

Zip

34236

Country

SARASOTA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified**

To Do Business in Florida AUGUST 10, 2001

**5. FEI Number**

65-1135489

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

JEFFREY BERKOWITZ

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

1516 MAIN STREET

Suite, Apt. #, Etc.

City

SARASOTA

State  
**FL**

Zip Code  
34236

**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

Date

5/5/04

REGISTERED AGENT MUST SIGN

**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
D, P, T	WILLIAM BERKOWITZ	990 BLVD. OF THE ARTS, #1203	SARASOTA, FL 34236
D, V, S	DALE S. BERKOWITZ	990 BLVD. OF THE ARTS, #1203	SARASOTA, FL 34236

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/04

Daytime Phone #