

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089388

1. Corporation Name

INDO-PACIFIC GALLERY INC.

2002 UBR

Principal Place of Business

298 SOUTH COUNTY ROAD
PALM BEACH FL 33480

Mailing Address

POST OFFICE BOX 2130
PALM BEACH FL 33480



300009431493
12/10/02--01023--004 **158.75

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

09/12/2001

5. FEI Number

65-1136389

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
PD	POLCE, ROBERT G JR	298 SOUTH COUNTY ROAD	PALM BEACH FL 33480
VD	GRYNSZTEIN, MICHAEL MD	298 SOUTH COUNTY ROAD	PALM BEACH FL 33480
STD	POLCE, JARTIAH	298 SOUTH COUNTY ROAD	PALM BEACH FL 33480

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert G. Polce Jr. / ROBERT G. POLCE JR. 10/31/02 561-833-0900

Date

Daytime Phone #

CR2E040 (8/02)

2052

To : Divisions of Corporations
10/31/02
Annual Report / Reinstatement Section

To Whom it May Concern ,

This letter is to inform you that we did not receive our UBR notices . We are asking that the reinstatement fees be waived.

Enclosed is a check for 150.00 + 8.75 for the certificate . Your cooperation in this matter is greatly appreciated

Kind Regards

Robert G Polce

Indo-Pacific Gallery Inc.

1-561-833-0900

Robert G. Polce Jr.