

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

10/2

DOCUMENT # P01000089388

1. Corporation Name

INDO-PACIFIC GALLERY INC.

Principal Place of Business  
298 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

Mailing Address  
POST OFFICE BOX 2130  
PALM BEACH FL 33480

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/12/2001
City & State	City & State	5. FEI Number
Zip	Country	65-1136389
	Zip	Applied For
	Country	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director	3	City / State / Zip	4
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

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State

CR2E040 (8/02)

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

11/12

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: *Robert G. Polce Jr.* 10/31/02 561-833-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03

2082

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.*