

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000029843

1. Corporation Name

FRAMING GALLERY OF WESTON, INC

2. Principal Office Address

1386 WESTON RD

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

3. Mailing Office Address

1386 WESTON RD

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

700036961467

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REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

JANUARY/1996

5. FEI Number

30-0061196

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

ALAN FREED

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

3054 LAKEWOOD DRIVE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33027

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

Alan Freed
REGISTERED AGENT MUST SIGN

Date

5/10/04

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
P	ALAN FREED	17079 PINES BLVD	PEMBROKE PINES, FL 33027
M	JORGE GAVIRIA	504 WOODGATE CIRCLE	SUNRISE, FL 33326

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:

ALAN FREED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/10/04

CR2E081 (01/04)