

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047582

1. Corporation Name

HIS & HER GALLERY, INC.

Principal Place of Business

Mailing Address

13080 LAKE MEADOW DRIVE
FT MYERS FL 33913

13080 LAKE MEADOW DRIVE
FT MYERS FL 33913

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

6420 Plantation Park Ct.

6420 Plantation Park Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

Ft. Myers, FL

Ft. Myers, FL

Zip

Country

Zip

Country

33912

US

33912

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2002

5. FEI Number

Applied For

74-3044483

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	VERDIER, DAWN	13080 LAKE MEADOW DRIVE	FT MYERS FL 33913
D	GENTER, ROGER <i>Delete</i>	11241 MARBLEHEAD MANOR CT	FT MYERS FL 33908

700023907747
10/17/03--01058--019 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VERDIER, DAWN
13080 LAKE MEADOW DRIVE
FT MYERS FL 33913

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Dawn Verdier

REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

Dawn Verdier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-03

CR2E040 (7/03)