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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 27 AM 7:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD 2000054432

1. Corporation Name

DESIGNER GALLERY, INC.

2. Principal Office Address

10520 FOREST HILL

Suite, Apt. #, etc.

200

City & State

WELLINGTON, FL.

Zip

33414

Country

USA

3. Mailing Office Address

BLVD.

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

DEAN HALPER, P.A.

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

7431-49 W. ATLANTIC AVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33446

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

Dean Halper

Date

4-4-04

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
<u>DRUS.</u>	<u>KEN KRUP</u>	<u>10520 FOREST HILL BLVD</u> <u>#200</u>	<u>WELLINGTON, FL. 33414</u>

000039642850
07/28/04--01042--007 **300.00

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

Daytime Phone #

4-4-04

561-784-2900

1127 00

2/2

July 22, 2004, 2004

RE: CORPORATON REINSTATEMENT

**Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399
(800) 755-5111**

**Designer Gallery, Inc.
10520 Forest Hill Boulevard
Suite 202
Wellington, FL. 33414
(561) 784-2900**

Dear Mr. Andy Dunlap:

Per our conversation today we have resubmitted our request for corporate reinstatement. We have not received any annual filing forms due the incorrect address in your records. Would you please correct our address to reflect the above and please accept our payments to process our corporation to be current. Thank you for your time and consideration.


**Kenny Krupp
Designer Gallery**