

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

04 JAN -5 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000104762**

1. Corporation Name

**GALLERY MARBLE, INC.**

Principal Place of Business

Mailing Address

1805 MAPLE WOOD DR  
EDGEWATER FL 32132

1805 MAPLE WOOD DR  
EDGEWATER FL 32132

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2002

5. FEI Number

Applied For

Not Applicable

06-1650281

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MIDGETT, GREGORY	1805 MAPLE WOOD DR	EDGEWATER FL 32132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIDGETT, GREGORY  
1805 MAPLE WOOD DR  
EDGEWATER FL 32132

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]*

Date

12-28-04

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-28-04 386428-0840

Daytime Phone #

CR2E040 (7/03)

1805 Maplewood Drive  
Edgewater, FL 32132  
December 31, 2003

Division of Corporations  
Annual Report Reinstatements

Re: FEI 06-1650281

To Whom It May Concern:

This is a letter stating that I, Greg Midgett, President of Gallery Marble, did not receive the two prior Uniform Business Reports.

Enclosed is a check for the fee of \$150.00 for reinstatement.

Yours truly,

A handwritten signature in black ink, appearing to read 'Greg Midgett', with a long horizontal flourish extending to the right.

Gregory Midgett