

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000090074 1. Entity Name FORMAL TIME GALLERY, INC.						FILED 06 FEB 24 PM 3:45 CLERK OF THE CIRCUIT COURT 1ST JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA	
Principal Place of Business 19521 GULFSDTREAM RD MIAMI, FL 33157				Mailing Address 19521 GULFSDTREAM RD MIAMI, FL 33157			
2. Principal Place of Business 21031 SW 85th PL Suite, Apt. #, etc.		3. Mailing Address 21031 SW 85th Place Suite, Apt. #, etc.					
City & State Miami, FL		City & State Miami, FL		4. FEI Number 72-161 2018		Applied For <input type="checkbox"/> Not Applicable	
Zip 33189		Country Dade		Zip 33189		Country Dade	
6. Name and Address of Current Registered Agent MARRERO, MARILYN 19521 GULFSDTREAM RD MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Marilyn Seda Street Address (P.O. Box Number is Not Acceptable) 21031 SW 85th Place City Miami			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE: <u>Marilyn Seda Marilyn Seda President</u> 2-17-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				Zip Code FL 33189			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME MARRERO, MARILYN			TITLE P	NAME Marilyn Seda		
STREET ADDRESS 19521 GULFSDTREAM RD	CITY-ST-ZIP MIAMI, FL 33157			STREET ADDRESS 21031 SW 85th Place	CITY-ST-ZIP Miami, FL 33189		
<input checked="" type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Marilyn Seda Marilyn Seda</u> 2-17-06 305-252-9902 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							