

RECEIVED  
2007 OCT 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Blumberg/Excelsior  
Division of Corporations  
Fax: 888-697-9256  
Oct 29, 2007 10:54 P.01  
Page 1 of 1

**P07000112500**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H07000266425 3)))



H070002664253ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

2007 OCT 29 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations  
Fax Number : (850) 617-6380

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 OCT 29 PM 3:56

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**GALLERY ATLANTIC, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

**FILED**

2007 OCT 29 PM 3:56

**ARTICLES OF CORRECTION**

for

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**GALLERY ATLANTIC, INC.**

Name of Corporation as currently filed with the Florida Dept. of State

**P07000112500**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **ARTICLES OF INCORPORATION**

(Document Type Being Corrected)

filed with the Department of State on **10/11/2007**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**COUNTRY OF DIRECTOR'S ADDRESS SPELLED  
INCORRECTLY.**

Correct the inaccuracy, incorrect statement, or defect:

**The name of the initial officer/director is as follows:****ROBERT SHARFE****C/O SCHUMAN LIVNAT & MAYER/ PO BOX 48193****MALCHA, JERUSALEM, ISRAEL 91481**

(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

**JUSTIN T. REED**

(Typed or printed name of person signing)

**INCORPORATOR**

(Title of person signing)

**Filing Fee: \$35.00**