

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 93000076927

1. Corporation Name

Lyonsbrough Gallery, Inc.

2. Principal Office Address

445 E Atlantic Ave

Suite, Apt. #, etc.

3. Mailing Office Address

445 E Atlantic Ave

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

Country

33483

City & State

Delray Beach FL

Zip

Country

33483

FILED

07 FEB 12 AM 10:18

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

600088902326
02/21/07--01028--007 **2250.00

REINSTATEMENT 91-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650447666

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

Ora Sorensen

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

600 Atlantis Estates Way

Suite, Apt. #, Etc.

City

Atlantis FL

State

FL

Zip Code

33462

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

REGISTERED AGENT MUST SIGN

Date

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
P	Ora Sorensen	600 Atlantis Estates Way	Atlantis FL 33462

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 contained in Chapter 119, 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

2-2-07

Date

561-376-7003

Daytime Phone #

2/14