

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000012864**

1. Corporation Name

**THE GALLERY, INC.**

Principal Place of Business

Mailing Address

JACKSONVILLE FL 32257

JACKSONVILLE FL 32257

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.

**3720 San Jose Pl.**

Suite, Apt. #, etc.

**3720 San Jose Pl.**

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

Zip

**32257**

Country

**USA**

Zip

**32257**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/14/1994**

5. FEI Number

**59-3224984**

Applied For

Not Applicable

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
	<b>Baker, Suzanne R.</b>	<b>4266 HILLWOOD ROAD</b>	<b>JACKSONVILLE FL 32223</b>
	<b>Baker, Edward G.</b>	<b>4266 Hillwood Rd.</b>	<b>Jax. FL 32223</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KOEGLER, STEVEN C**  
**4655 SALISBURY ROAD SUITE 390**  
**JACKSONVILLE FL 32256**

Name  
**Michael L. Brooks**  
Street Address (P.O. Box Number is Not Acceptable)  
**437 E. Monroe St.**  
Suite, Apt. #, Etc.  
**Suite 202**  
City  
**Jacksonville**

State  
**FL**

Zip Code  
**32202**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**4-29-03**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-16-02 904-260-0202**



**600017876666**

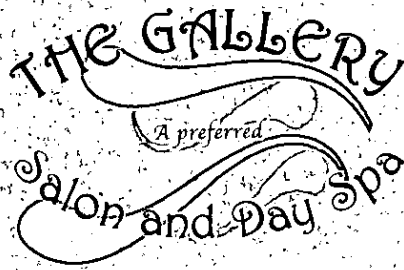
**05/02/03--01049--021 \*\*300.00**

**03 MAY -2 AM 8:48**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILED**

CR2E040 (8/02)



2-25-03

To Whom It May Concern;

The past five years I have not received my application for renewal. I was located in a shopping center and have at random times had problems with my mail. I have since moved to a new location where we are a stand alone building. The bottom of this letter shows the new address.

Enclosed is a check for 300.00 to renew the corp.

Thank You

Imogene R. Baker