

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 11 PM 4:10
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036168**

1. Corporation Name

PRESTIGE ART GALLERY INC

REINSTATEMENT **02-06**

2. Principal Office Address

174 STATE ROAD 7

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL.

City & State

Zip

33414

Country

USA

Zip

Country

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5-9-94

5. FEI Number

65-0491351

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

LAMAL BARNAN

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

2340 THOMSON WAY

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/23/05**

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	LAMAL BARNAN	2340 THOMSON WAY	WELLINGTON, FL 33414
S	SHANNAZ BARNAN	2340 THOMSON WAY	WELLINGTON, FL 33414

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 under section 119.07(3)(l), 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

12/23/05

Daytime Phone #