

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 10 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092506

1. Corporation Name

BENNETT'S FRAMING GALLERY, INC.

REINSTATEMENT *06-07*

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 242 S. BEACH STREET		3. Mailing Office Address 242 S. BEACH STREET	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL	
Zip 32114	Country US	Zip 32114	Country US

4. Date Incorporated or Qualified To Do Business in Florida **DECEMBER 19, 1994**

5. FEI Number **59-3298249** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **OSLIZLO, ERIC**

Street Address (P.O. Box Number is Not Acceptable)
242 S. BEACH STREET

Suite, Apt. #, etc.
SUITE 100

City **DAYTONA BEACH** State **FL** Zip Code **32114**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Eric Oslizlo* Date **9/6/2007**
REGISTERED AGENT MUST SIGN

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
PVNT/SC/D	OSLIZLO, ERIC	242 S. BEACH ST., SUITE 100	DAYTONA BEACH, FL 32114

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09/10/07--01041--028 **908.75

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: *Eric Oslizlo* Date **9/6/07** Daytime Phone # **(386) 255-1233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR