PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 25 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Corporation Name

Bennett's Framing Gallery, Inc.

2. Principal Office Address	3. Mailing Office Address
639 N. Ridgewood Ave.	639 N. Ridgewood Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32114 Country: USA	Zip: 32114 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1995

5. FEI Number: 59-3298249 ☐ 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: Eric Oslizlo

Street Address (P.O. Box Number is Not Acceptable): 639 N. Ridgewood Ave.

Suite, Apt. #, Etc.

City: Daytona Beach, FL State: FL Zip Code: 32114

97-03 TB

REINSTATEMENT

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: 3/21/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
C/D/V	Joanne J. Oslizlo	142 Sea Pine Circle	Daytona Beach, FL 32114
D/P	Mark Oslizlo	781 Little Pine Drive	South Daytona, FL 32119
VC/T/S	Eric Oslizlo	781 Little Pine Drive	South Daytona, FL 32119

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)(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: Joanne J. Oslizlo Joanne J. Oslizlo 3/21/03 (386) 255-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #