

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

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REPLY OF STATE  
TALLAHASSEE  
FLORIDA

**DOCUMENT # P95000021382**

1. Entity Name  
**SHADES OF LIGHT GALLERY, INC.**



Principal Place of Business  
613 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

Mailing Address  
613 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301

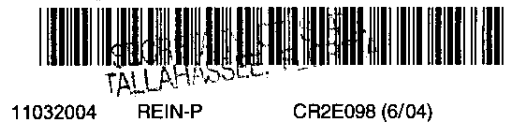
2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



4. FEI Number  
65-0574734

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH  
8428 W OAKLAND PARK BLVD  
SUNRISE, FL 33351

Name and Address of New Registered Agent

Name: *Ruth Liverpool*

Street Address (P.O. Box Number is Not Acceptable): *4714 N. University Dr*

City: *Lauderhill* Zip Code: *33319*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ruth Liverpool* DATE: *(95) 746-5011*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARNL, ULLA 613 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000042520450</b> <b>11/05/04--01038--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOTIRE, COLLEEN 613 E LAS OLAS BLVD FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <i>04</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Colleen Sotire* DATE: *11-1-04* DAYTIME PHONE #: *(95) 746-5011*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR