

P95000035572

LIVINGSTON, PATTERSON, STRICKLAND & WEINER, P.A.
ATTORNEYS AT LAW

400 NORTH WASHINGTON BOULEVARD, SUITE 100
SARASOTA, FLORIDA 34236

HAROLD M. LIVINGSTON
JOHN PATTERSON
JOHN M. STRICKLAND
NEENA A. WEINER
VICTOR J. WEINER
HELA A. WEINER

FILED
95 MAY -1 1995
TELEPHONE
(813) 365-0150
TELECOMETER
(813) 365-0825

April 28, 1995

Secretary of State
Division of Corporations
New Filings
P.O. Box 6327
Tallahassee, FL 32314

1001001470211
05/01/95-11102-015
***122.50 ***4122.50

Re: GALLERY OF NEW HOMES, INC.

Dear Sir or Madam:

We are enclosing Articles of Incorporation for the subject corporation together with our firm check in the amount of \$122.50 to cover the following fees:

\$ 35.00 - Filing Fee
52.50 - One Certified Copy
35.00 - Registered Agent

Once the Articles have been filed, please return a certified copy of the Articles together with your letter of acknowledgement to me in the enclosed self-addressed, stamped envelope.

If there is a problem with the enclosed filing, please contact me.

Thank you for your assistance in this matter.

Very truly yours,

LIVINGSTON, PATTERSON,
STRICKLAND & WEINER, P.A.

April A. Haley
April A. Haley
Corporate Legal Assistant

u:\letters\letter.1d4

PAK 5

ARTICLES OF INCORPORATION OF
GALLERY OF NEW HOMES, INC.

FILED
95 MAY -1 PM 4:03
TALLAHASSEE
FLORIDA

Article I - Name

The name of this corporation is Gallery of New Homes, Inc.

Article II - Capital Stock

This corporation is authorized to issue 10,000 shares of common stock.

Article III - Mailing Address and Principal Office

The mailing address and principal office of the corporation is 46 N. Washington Blvd., #1, Sarasota, FL 34236.

Article IV - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is 46 North Washington Blvd., #1, Sarasota, FL 34236 and the name of the initial registered agent of this corporation at that address is John Patterson.

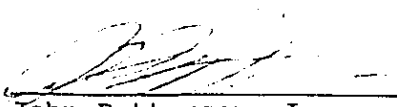
Article V - Initial Board of Directors

This corporation shall have one director initially. The number of directors may be either increased or diminished from time to time by the bylaws. The name and address of the initial director of this corporation is John Patterson, 46 North Washington Blvd., #1, Sarasota, FL 34236.

Article VI - Incorporator

The name and address of the person signing these Articles is John Patterson, 46 North Washington Blvd., #1, Sarasota, FL 34236.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 28th day of April, 1995.



John Patterson, Incorporator

NOTICE OF APPOINTMENT OF REGISTERED AGENT,
ACCEPTANCE, AND DESIGNATION OF CORPORATE OFFICE

The undersigned, JOHN PATTERSON, having a street address of 46 North Washington Boulevard, #1, Sarasota, FL 34236, having been appointed by the directors of GALLERY OF NEW HOMES, INC., as registered agent, states as follows:

1. The corporation shall maintain an office at 46 North Washington Boulevard, Suite 1, Sarasota, FL 34236, and shall notify the Department of State of any change in address of this office or the name of the registered agent at this address.

2. He accepts the appointment and consents to serve as registered agent of the corporation pursuant to Section 617.023, Florida Statutes.


JOHN PATTERSON

w:\gallery\newhome\2224.ov4

FILED
95 MAY -1 PM 4:02
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000035572**

1 Corporation Name

GALLERY OF NEW HOMES, INC.

FILED

96 SEP 30 PM 6: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

48 N. WASHINGTON BLVD. #1
SARASOTA FL 34236

48 N. WASHINGTON BLVD. #1
SARASOTA FL 34236

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

109 OVERLEA WAY

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

VENICE FL

City & State

Zip

34292

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1995

5. FEI Number

APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PATTERSON, JOHN	48 N. WASHINGTON BLVD. #1	SARASOTA FL 34236
D, P, S	MCGIFFEN, JOHN W.	109 OVERLEA WAY	VENICE FL 34292
VP, AS	EDSEL, ED	109 OVERLEA WAY	VENICE FL 34292
VP, T	CHAMBERLAIN, FRED	109 OVERLEA WAY	VENICE FL 34292

REINSTATEMENT

8. Name and Address of Current Registered Agent

PATTERSON, JOHN
48 N. WASHINGTON BLVD. #1
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700001974007--2

10/15/96

****375.00 ****375.00

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/26/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. MCGIFFEN, President

9/24/96 (901) 497-486

Date Daytime Phone #