PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -1 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047833

1. Corporation Name
GRACIE LAWRENCE GALLERY, INC.

Principal Place of Business
254 EAST ATLANTIC AVENUE
DELRAY BEACH, FLORIDA 33444

Mailing Address
SAME

REINSTATEMENT 08-990 1068 2/1/99

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

2. New Principal Office Address, If Applicable
254 EAST ATLANTIC AVENUE
Suite, Apt. #, etc.
—
City & State
DELRAY BEACH, FLORIDA
Zip 33444 Country U.S.A

3. New Mailing Office Address, If Applicable
SEE ABOVE (SAME)
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida
JUNE 20, 1995

5. FEI Number
65-0600402
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	GRACIE FINKEL FREEDMAN	828 N.E. 1ST COURT	DELRAY BEACH, FLORIDA 33483

000027858883--7
-02/09/99--01067--024
****908.75 ****908.75

8. Name and Address of Current Registered Agent
GRACIE FINKEL FREEDMAN
828 N.E. 1ST COURT
DELRAY BEACH, FLORIDA 33483

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E080 (12/98)

10. 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 Gracie Finkel Freedman Date JANUARY 26, 1999
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Gracie Finkel Freedman GRACIE FINKEL FREEDMAN JANUARY 26, 1999 (561) 272-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #