

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 28 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061821

1. Entity Name  
H & I GALLERY, INC.



Principal Place of Business

8221 GLADES ROAD  
BOCA RATON, FL 33434

Mailing Address

8221 GLADES ROAD  
BOCA RATON, FL 33434

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172007 REIN-P

GR25008 (1/07)

4. FEI Number

65-0600327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Arutun Stamkolyan

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

8221 Glades Road

City

Boca Raton

FL

Zip Code

33434

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

Signature, typed or printed name of registered agent and title if applicable

Arutun Stamkolyan President

DATE

2/26/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSTD  
STAMBOLYAN, HAROUT  
8221 GLADES ROAD  
BOCA RATON, FL 33434

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arutun Stamkolyan

2/26/07

Date

Daytime Phone #

B. Mitchell

FEB 28 2007

10F2

2 of 2

**SAMUEL F. MAY JR., C.P.A.**  
**20283 State Road 7, Suite 105**  
**Boca Raton, Florida 33498**  
**561-487-0670**

February 26, 2007

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: H & I Gallery, Inc.

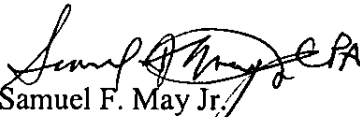
To Whom It May Concern,

This letter is regarding the annual reports for my client for the years 2006 and 2007. The registered agent did not forward the post card to my client or the delinquency notice so that they may file the appropriate filing fees.

This letter is asking for the delinquency fee to be waived and reinstatement be accepted by your agency.

Thanking you in advance for your utmost cooperation in this matter. If I can be of further assistance please call me at (561) 487-0670.

Sincerely yours,

  
Samuel F. May Jr.  
Certified Public Accountant