

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 #

1. Corporation Name

P95000065119  
TABLEAU FINE ART GROUP INC.

FILED

98 JUL 13 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1250 NINTH ST. NORTH  
ST. PETERSBURG, FL 33705

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

2. New Principal Office Address, If Applicable

1250 9th St. N.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same as new  
suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

8-22-95

5. FEI Number

65-0626814

Applied For

Not Applicable

City & State

St. Petersburg FL

City & State

Zip

33705

Country

USA

Zip

Country

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D/P/<br>S/T   | Tod Tarrant                               | 1250 9th St N.<br>St. Petersburg FL  | 33705                   |
|               |   |  | 900002589869--4         |
|               |   |  | -07/15/98--01068--006   |
|               |   |  | ***300.00 ***300.00     |
|               |   |  | REINSTATEMENT 97-98     |
|               |   |  | TS 7/14                 |

8. Name and Address of Current Registered Agent

John Shea, Jr.  
630 So. Orange Ave  
3rd Floor  
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

State

FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

7 July '98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-98 305867-092  
Date Daytime Phone #