

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. McDaniel
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000031258

1. Corporation Name

BAYSIDE CONCEPT GALLERY, INC.

Principal Place of Business

10041 S.W. 83 CT.
MIA. FL 33156

Mailing Address

10041 S.W. 83 CT.
MIA. FL 33156

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-96

5. FEI Number

65-0656537

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
PRES.	ALI KHAKPOUR	10041 S.W. 83 CT	MIA. FL 33156
SEC.	ALI KHAKPOUR	10041 S.W. 83 CT	MIA. FL 33156

400002536504--G
-05/27/98--01047--006
****315.00 ****315.00

8. Name and Address of Current Registered Agent

ALI KHAKPOUR
10041 S.W. 83 CT
MIA. FL 33156

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

Ali Khakpour

REGISTERED AGENT MUST SIGN

Date

4-4-98

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:

Ali Khakpour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-98

Daytime Phone #

CP2E040 (1/98)

②

Bayside Concept Gallery, Inc.
10041 SW 83 Court
Miami, Florida 33156
305.389.0262

April, 3 1998

*Florida Secretary of State
Division of Corporation
P.O. Box 1500 Tallahassee, Fl 32302*

Dear Sir/Madam:

Enclosed please find our Annual Report along with a check for ^{315.00}~~\$300.00~~ covering last two years annual fees.

Suffices to say that we had already sent \$150.00 in money order form covering the 1997 annual fee and apparently same did not have the remitter's name. The Department states that the money order, absent of a remitter's name, was probably mis-placed. However said money order was sent with the 1997 annual report and, as such, purpose of same it should had been obvious.

If we can be of any further assistance, please do not hesitate to contact the undersigned.

Sincerely,

Ali Khakpon

*Ali Khakpon,
President*