

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

102

**CORPORATION  
REINSTATEMENT**



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

00 APR -3 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000049649

1. Corporation Name

Piano Gallery Inc.

*[Handwritten signature]*

2. Principal Office Address

9051 Tamiami Tr. N

Suite, Apt. #, etc.

#201

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

9051 Tamiami Tr. N

Suite, Apt. #, etc.

201

City & State

Naples, FL

Zip

34108

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0685536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Greg Billings

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

1415 Pelican Ave

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

400003241634-5

-05/08/00-01003-003

\*\*\*\*615.00 \*\*\*\*615.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Handwritten signature: Greg Billings]*

REGISTERED AGENT MUST SIGN

Date

3/20/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Greg Billings	1415 Pelican Ave	Naples, FL, 34102

10. 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

Date

3/20/00

Daytime Phone #

CR2E081 (9/99)



STEINWAY  
Piano Gallery

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March 28, 2000

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

Dear Sir or Madam:

We are requesting reinstatement of the Corporation Charter for Piano Gallery, Inc.

Upon contacting your office, Monday March 20, 2000, we were informed that the corporation charter had expired due to not filing Annual reports since 1997. The mailing address that your department used to send our Annual Reports in 1997 was incorrect and the reports were returned to your office via the US Postal Service. Subsequent reports were never received.

Per our conversation with your agent, Sprather, I am enclosing a check for \$615.00 for reinstatement. (\$165 for 1997 and \$150 for years 1998, 1999, & 2000)

Thank you for your assistance in this matter.

Sincerely,

  
Colleen Billings  
Office Manager