

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN -9 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000041179**

1. Corporation Name

GALERIE BIJAN, INC

2. Principal Office Address - No P.O. Box #

7151 Peppertree Circle S

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie Florida

City & State

Zip

33314

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

KATAYOUN ABABE

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

7151 Peppertree Circle S

Suite, Apt. #, Etc.

City

Davie

State
FL

Zip Code
33314

100156939211

06/09/09--01002--002 **1200.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

650760311

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Katayoun Ababe

REGISTERED AGENT MUST SIGN

Date

6/1/09

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
D	KATAYOUN ABABE	201 N Pine Island Road	Plantation, Florida 33324

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 contained in Chapter 119, 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:

Katayoun Ababe / **Katayoun Ababe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/09 (954)

Daytime Phone #

476-8076