

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 AUG 18 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 68596

1. Corporation Name  
NEW GALLERY FURNITURE, INC.

Principal Place of Business Mailing Address

8851 NW 119th STREET  
SUITE 1107  
HIALEAH GARDENS, FL 33018

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

2. New Principal Office Address, if Applicable  
340 W. 21 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State  
HIALEAH, FL

City & State

Zip  
33010

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8-7-97

5. FEI Number  
65-0772804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	MAGDELINE MARSAN	340 W. 21 ST.	HIALEAH, FL 33010
			100002971521--5
			-08/26/99--01085--019
			****900.00 ****900.00
			REINSTATEMENT 98-99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLOTILDE NAPOLES  
8851 NW 119th STREET  
SUITE 1107  
HIALEAH GARDENS, FL 33018

Name  
MAGDELINE MARSAN  
Street Address (P.O. Box Number is Not Acceptable)  
340 W. 21 ST.  
Suite, Apt. #, Etc.

City  
HIALEAH

State  
FL

Zip Code  
33010

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*M. Marsan*

REGISTERED AGENT MUST SIGN

Date AUGUST 4, 1999

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 807 or 817, 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 807.0401 or 817.0401, 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:

*M. Marsan*

(305) 883-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

prepared by: MAGDELINE MARSAN 7246 SW 117th AVE, MIAMI, FL 33183