

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP 27 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **797000069097**

1. Corporation Name

Joy Gallery, Inc.
1124 Duval St.
Key West, Fl. 33040

Principal Place of Business

Mailing Address

Joy Gallery
1124 Duval St.
Key West, Fl. 33040

same

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

REINSTATEMENT 98-99RD

2. New Principal Office Address, If Applicable

1124 Duval St.,

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

8/8/97

5. FEI Number

65-0861137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

City & State

Key West, Fl.

Zip

33040

Country

U.S.A.

City & State

Zip

Country

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.	Francine Bulduc	4525 Hutchinson St.	H2V4A1 Montreal, Canada

500003006185--2
-10/05/99--01081--010
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Mark R. Quinn, Esq.

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

1013 Margaret St.

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

Mark R. Quinn

REGISTERED AGENT MUST SIGN

Date

9-23-99

11. This corporation owes 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

[Signature]

09/23/99 305 296-3039
Date Daytime Phone #

KE

CR2E081 (12/98)