

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069097

1. Corporation Name

JOY GALLERY, INC.

2. Principal Office Address

1124 DUVAL ST.

Suite, Apt. #, etc.

City & State

KEY WEST FL

Zip

33040

Country

3. Mailing Office Address

1124 DUVAL ST.

Suite, Apt. #, etc.

City & State

KEY WEST FL

Zip

33040

Country

REINSTATEMENT

00-05
100

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1997

5. FEI Number

650861137

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCINE BOLDUC

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

1124 DUVAL ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33180

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

[Signature]

Date

March 2nd/05

REGISTERED AGENT MUST SIGN

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
P	FRANCINE BOLDUC	1124 DUVAL ST.	KEY WEST FL 33180
VP	HARVEY E. GAUTHIER	1124 DUVAL ST.	KEY WEST FL 33180
			500050302965 04/11/05--01005--018 **900.00
			500050302965 04/11/05--01005--019 **8.75

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

FRANCINE BOLDUC, President

Date

03-02-05

Daytime Phone #

305-296-3039

CR2E081 (10/02)

282

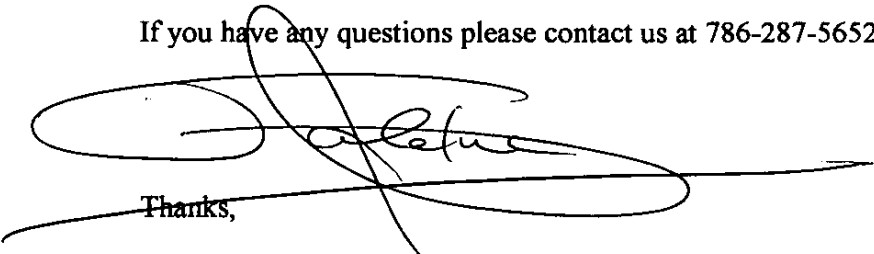
DATE: 03-02-05

TO: **DIVISION OF CORPORATIONS
REINSTATEMENT SECTION**

FROM: **FRANCINE BOLDUC
JOY GALLERY, INC.**

We did not receive from you the Uniform Business Report during the years of 2000.
Please file our reinstatement and please DO NOT CHARGE the penalty for 2000, 2001,
2002, 2003, 2004 and 2005.

If you have any questions please contact us at 786-287-5652


Thanks,

**FRANCINE BOLDUC
JOY GALLERY, INC.**