PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 14 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069097

1. Corporation Name

JOY GALLERY, INC.

REINSTATEMENT 00-05 MP

2. Principal Office Address		**3.** Mailing Office Address	
1124 DUVAL ST.		1124 DUVAL ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KEY WEST FL		KEY WEST FL	
Zip	Country	Zip	Country
33040		33040	

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 ☒ $8.75 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: _____ Date: March 2nd/05

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	
	KEA MEZA		

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: _____ FRANCINE BOLDUC, President 03-02-05 305-296-3039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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.