

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077129

1. Corporation Name

O&Y ART GALLERY INC.

2. Principal Office Address

325 SW 134 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

3. Mailing Office Address

325 SW 134 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33184

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/97

5. FEI Number

65-0796557

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100024221101
10/29/03--01005--002 **150.00

7. Name and Address of Current Registered Agent

Name

LAZARO MARRERO

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

1855 N. HIBISCUS DR.

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33181

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

Lazaro Marrero

REGISTERED AGENT MUST SIGN

Date 10/16/2003

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.D.	LAZARO MARRERO	1855 N. HIBISCUS DR.	N. MIAMI, FL 33181
STD	ALINA MARRERO	1855 N. HIBISCUS DR.	N. MIAMI, FL 33181

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

10/16/2003

Date

Daytime Phone #

CR2E081 (10/02)

O&Y ART GALLERY INC.
325 SW 134 CT
MIAMI, FL 33184

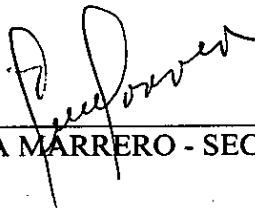
DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #P97000077129

We are filing for reinstatement to pay the annual report for our profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally filed late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.



ALINA MARRERO - SECRETARY