PLEASE READ /	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM.
REIN DE EN	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	tham tate	98 DEC -7 M 8: 19
DOCUMENT # P9700087465 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
AMBASSADOR GALLERIES INC. OF PALM BEACH			
Principal Place of Business Mailing Address			1 200 140 1 100 100 110 100 110 110 110 110
#204 SOUTH DOEAN BLVD #2046 PALM BEACH FL 33490 PALM BEACH FL 33490 PALM BEACH FL 33490		;	
If above addresses are Incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 2.3 Y WORTH AV. Suite, Apt. #, etc. Suite, Apt. #, etc.		Applicable	Date Incorporated or Qualified To Do Business in Florida 10/09/1997
C0-2 55000	Suite, Apt. #, etc. 234 WORTH AU		5. FEI Number Applied For
City & State BENCH, F/. Zip Country	PAIM BEACH	F1.	5, 65 - 019 0 0 5 3 S8.75 Additional Fee required
33480 USA.	33480 U.S		CERTIFICATE OF STATUS DESIRED L
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip 1 2 3 (Do NOT Use Post Office Box Numbers) 4			City / State / Zip
D MINER, ELLIE 3200 SOUTH OC		EAN BLVD., #20	4C PALM BEACH FL 33480
		Sharinga	5000027096259 -12/11/9801002021 ****150.00 ****150.00
8. Name and Address of Current F	Registered Agent		9. Name and Address of New Registered Agent
MINER, ELLIE 3200 SOUTH OCEAN BLVD., #204C PALM BEACH FL 33480		Name (88)	
		Street Address (P.O. Box Number is Not Acceptable)	
		Guile, μ_0 , μ_1 , μ_2	
		City	State Zip Code FL
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 This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
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 Date Date			



AMBASSADOR GALLERIES, INC.

Nov. 16, 1998

Florida Dept. of State P.O.Box:6327 Tallahassee, Fl. 32314

To Whom It May Concern:

Enclosed please find our check in the amount of \$150. for document # P97000087465.

The gallery had moved and we did not receive the original bill for the corporation, we ask that the late fees be removed please, and the corporation be in good standing.

Thank you for your consideration.

AMBASSADOR GALLERIES INC. OF PALM BEACH

Ellie Miner