

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -3 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P970000090423

1. Corporation Name

Bits & Pieces Gallery and Boutique, Inc.

Principal Place of Business

Ocala, Florida

Mailing Address

4945 N US Hwy 27
Ocala, Florida 34482

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

2. New Principal Office Address, If Applicable
3100 SW College Road

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34474

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

☒ Applied For☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Marie Montgomery	3100 SW College Road	Ocala, Florida 34474
			500003096646--3
			-01/12/00--01093--002
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

Marie Montgomery
4945 N US Hwy 27
Ocala, Florida 34482

9. Name and Address of New Registered Agent

Name

Christopher K. Clarke

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

1301 NE 14th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

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

REGISTERED AGENT MUST SIGN

Date 12/29/99

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

12/29/99

Date

Daytime Phone #

KE