PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -2 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077259

1. Corporation Name
SIRGANY'S GALLERY OF ESTATES, INC.

REINSTATEMENT 2-03

2. Principal Office Address	3. Mailing Office Address
26795 SOUTH BAY DRIVE	2430 VANDERBILT BEACH ROAD
Suite, Apt. #, etc.: #160	Suite, Apt. #, etc.: #108-186
City & State: BONITA SPRINGS, FL	City & State: NAPLES, FLORIDA
Zip: 34134 Country: LEE	Zip: 34109 Country: COLLIER

4. Date Incorporated or Qualified To Do Business in Florida: 8/31/1998

5. FEI Number: 59-3531750 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALAN DAGEN

Street Address (P.O. Box Number is Not Acceptable): 5100 N. FEDERAL HIGHWAY

000021269100
07/02/03--01027--009 **1200.00

Suite, Apt. #, Etc.: 408

City: FT. LAUDERDALE State: FL Zip Code: 33308

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: Alan Dagen
REGISTERED AGENT MUST SIGN

Date: June 26, 2003

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
D	FRANK ARCHER	333 EAST ONTARIO STREET APT. 4302-B	CHICAGO, IL 60611

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: Frank Archer FRANK ARCHER JUNE 24, 2003 219-853-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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