

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:23

DOCUMENT #

P99000053726

1. Corporation Name

MERRICK GALLERY, INC

900004649609--8

-10/23/01--01036--006

\*\*\*\*308.75 \*\*\*\*308.75

2. Principal Office Address

330 BEACH DRIVE

3. Mailing Office Address

330 BEACH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33701

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/4/99

5. FEI Number

59-3591268

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

GILBERT P MAUPHERSON

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

1423 SOUTH FORT HARRISON AVE,

Suite, Apt. #, Etc.

City

CLEARWATER,

State

FL

Zip Code

33756

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

*Gilbert P. Maupherson*

Date 10/2/01

REGISTERED AGENT MUST SIGN

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

PT/S/D

CYNTHIA H. WILLIAMS

1250 BRIGHT WATERS  
BLVD,

ST. PETERSBURG, FL

33704

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:

*C.H.M. Williams*  
C.H.M. WILLIAMS

10/2/01 727-442-2501

Date

Daytime Phone #

CR2E081 (9/00)