

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
FILED
Nov 12, 2002 8:00 A.M.
Secretary of State

DOCUMENT #

P99000903530

1. Corporation Name

GALLERY CONTEMPO, INC

REINSTATEMENT 00-02
900008959059
11/13/02--01024--021 **1050.00

2. Principal Office Address

9 Cincinnati Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine FL

City & State

Zip

Country

32084

St Johns

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-23-99

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heidrun Sawitzki

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

9 Cincinnati Ave

Suite, Apt. #, Etc.

City

St Augustine

State
FL

Zip Code

32084

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

H. Sawitzki

REGISTERED AGENT MUST SIGN

Date

11-7-02

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

P

Heidrun Sawitzki

9 Cincinnati Ave

St Augustine FL 32084

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:

H. Sawitzki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-02

Date

904-808-8434

Daytime Phone #

CR2E081 (9/01)