PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -7 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11998

1. Corporation Name
DELRAY ART & FRAMING CENTER, INC.

Principal Place of Business
321 East Atlantic Ave.
Delray Beach, FL 33483

Mailing Address
SAME

REINSTATEMENT 95-97 MWB

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/09/90

5. FEI Number: 65-0235106 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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
P/T	Florence Daniels Pace	2522 Par Circle	Delray Beach, FL 33445

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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent
Robert C. Daniels
2522 Par Circle
Delray Beach, Florida 33445

9. Name and Address of New Registered Agent
Name: Richard I. Gilbert, Esquire
Street Address (P.O. Box Number is Not Acceptable): 7025 Beracasa Way
Suite, Apt. #, Etc.: Suite #208
City: Boca Raton | State: FL | Zip Code: 33433

CRED040 (12/96)

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: [signature] REGISTERED AGENT MUST SIGN
Date: 1 April 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Florence Daniels Pace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Florence Daniels Pace, President

April 3, '97 561-272-6967
Date Daytime Phone #