

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

929020

1. Corporation Name

Lucky Street Gallery Inc

REINSTATEMENT 96-03

200015286272  
04/03/03--01041--015 \*\*1800.00

2. Principal Office Address

1120 WHITE ST

Suite, Apt. #, etc.

3. Mailing Office Address

1120 White St

Suite, Apt. #, etc.

City & State

Key West FL

Zip  
33040

Country  
US

City & State

Key West FL

Zip  
33040

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

1/91

5. FEI Number

65-024864

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

Dianne Zolotow

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

708 WILLIAM ST

Suite, Apt. #, Etc.

City

Key West FL

State

FL

Zip Code

33040

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

Dianne W Zolotow  
REGISTERED AGENT MUST SIGN

Date 3/26/03

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
Treas	DAVID M ZOLOTOV	708 WILLIAM	Key West FL 33040

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: DIANNE W. ZOLOTOV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (505) 294-3973  
Daytime Phone #