

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # S49295

1. Corporation Name

MASTERPIECE GALLERIES, INC.

Principal Place of Business

449 PLAZA REAL
BOCA RATON FL 33432

Mailing Address

449 PLAZA REAL
BOCA RATON FL 33432

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

04/29/1991

5. FEI Number

65-0263361

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	WHITE, LINDA	449 PLAZA REAL	BOCA RATON FL 33432

000002346740--0
-11/13/97--01086--006
****173.75 ****173.75

8. Name and Address of Current Registered Agent

ANDREW FRIEDMAN, P.A.
6355 TOWN CENTER RD.
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

LINDA WHITE

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

2467 N.W. 66th Dr.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

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

Linda White

REGISTERED AGENT MUST SIGN

Date 10/23/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda White

Date

10/23/97

Daytime Phone #

FILED

97 NOV 10 AM 7:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR20040 (6/97)



MASTERPIECE®
GALLERIES

(2)

10/23/97

To: Fla. Dept. of State
attn: Sandra B. Northon

Please be advised that I received a notice today regarding revocation of our corporation.

To my knowledge we never received this bill. I spoke with an agent today who informed me that you never received it back. The only thing I can think of is that another store received it and did not turn it over to us. This has happened before!

It will be a terrible hardship for us to pay the additional fee & I would appreciate your consideration.

Thank you,
Sandra Northon, Pres