

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

98 FEB 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V56719**

1. Corporation Name
IBIS GALLERY, INC.

Principal Place of Business Mailing Address
**2ND AND D STREET P.O. BOX 280
CEDAR KEY FL 32625 CEDAR KEY FL 32625
US US**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/11/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3142068	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED	
				S8.75 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 Office and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VSD	TEETOR, MACY O. III	ON THE DOCK, DOCK ST.	CEDAR KEY FL
PTD	TEETOR, CLAIR M.	ON THE DOCK, DOCK ST. Easy Street & Airport Rd Cedar Key, FL 32625	CEDAR KEY FL
			100002432791-7 -02/17/98--01053--017 ***308.75 ***308.75
REINSTATEMENT 97-98 SL 2-13-98			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TEETOR, CLAIR M. EASY STREET & AIRPORT ROAD CEDAR KEY FL 32625		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State FL	
		Zip Code	

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: *Clair M. Teetor* REGISTERED AGENT MUST SIGN Date: 2.10.98

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: *Clair M. Teetor* **Clair M. Teetor** 2.10.98 352.543.6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/97)