PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 20 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002063

1. Corporation Name
FINE ART INTERNATIONAL, INC.

W07- 11234

REINSTATEMENT 00-07

2. Principal Office Address	3. Mailing Office Address
13 AUTRY	13 AUTRY FINE ART
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: IRVINE, CA	City & State: IRVINE, CA
Zip: 92618 Country:	Zip: 92618 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/20/1997

5. FEI Number: 33-0559202 ☐ 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: ANTHONY F BARRANTES

Street Address (P.O. Box Number is Not Acceptable): 3010 NORTH ANDREWS AVE. EXTENTION

Suite, Apt. #, Etc.:

City: POMPANO BEACH State: FL Zip Code: 33064

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: X Anthony Barrantes
REGISTERED AGENT MUST SIGN

Date: 03/02/2007

CR2E081 (10/02)

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	JI YEON KIM	13 AUTRY	IRVINE, CA 92618
		310095795223	04/04/07--01027--011 **1808.75

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.

949-859-7898

SIGNATURE: JI YEON KIM. 02/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #