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FROM :

FAX NO. :

Mar. 04 2005 11:47PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03000003391 1. Corporation Name Hybrid Art Centres Inc.			
2. Principal Office Address 1 Ave De Le Liberte Suite, Apt. #, etc.		3. Mailing Office Address 1 Ave De Le Liberte Suite, Apt. #, etc.	
City & State Jacmel, Haitim, W.I.		City & State Jacmel, Haitim W.I.	
Zip	Country W.I.	Zip	Country W.I.
4. Date Incorporated or Qualified To Do Business in Florida 4/21/2003		5. FEI Number 98-0400733	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	

FILED
 05 MAR -7 AM 10:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street

Suite, Apt. #, Etc.

City
 Tallahassee

State
 FL

Zip Code
 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0609, F.S.

Signature of Registered Agent Deborah D. Skipper Deborah D. Skipper Date 3/7/05
 REGISTERED AGENT MUST SIGN ASST. V. Pres.

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
D	Boucard, Patrick N.	1 Ave De Le Liberte	Jacmel, Haitim W.I.
D	Crossrd, Katherine T.	52 Cotswald Road	Bath BA2 2DL, UK
D	Parshing, Timothy	29 Jackson Street	Cambridge, MA 02140

10. I certify that I am an officer or director of 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 exception under section 119.07(3)(c), F.S. The information indicated on this application is true and accurate, and my signature and name have the same legal effect as if made under oath.

SIGNATURE: Patricia A. [Signature] 23 February 2015

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

HYBRID ART CENTRES INC.

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