


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


**FILED**  
08 DEC -1 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N93000003365</b> 1. Entity Name TREZZA FOUNDATION FOR THE ARTS, INC.	
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Principal Place of Business 3389 SHERIDAN STREET, #201 HOLLYWOOD, FL 33021	Mailing Address 3389 SHERIDAN STREET, #201 HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # 411 N. New River Dr. East Suite, Apt. #, etc. <b>Suite 2906</b>	3. Mailing Address 411 N. New River Dr. East Suite, Apt. #, etc. <b>Suite 2906</b>
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City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b>	City & State <b>Fort Lauderdale, FL</b> Zip <b>33301</b>
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 11242008 REIN-NP CR2E099 (1/07)

4. FEI Number <b>65-0458962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB, BRUCE M 125 N. 46TH AVE HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREZZA, JAMES F SUITE 201, 3389 SHERIDAN ST HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Trezza, James F. 411 N. New River Dr. East, Suite 2906 Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOLDAS, DANIELLE 3041 N. 35TH ST. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100138345761 12/01/08--01071--001 **361.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **11/25/08** Daytime Phone #: **9547635935**