

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037990

1. Corporation Name

DLG ART, INC.

Principal Place of Business

700 EUCLID AVENUE
UNIT G1
MIAMI BEACH FL 33139

Mailing Address

700 EUCLID AVENUE
UNIT G1
MIAMI BEACH FL 33139

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.
1340 LINCOLN Rd #301

City & State
MIAMI BEACH, FL

Zip
33139

Country
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1340 LINCOLN Rd #301

City & State
MIAMI BEACH, FL

Zip
33139

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2000

5. FEI Number

65-0999737

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	DE LA GUARDIA, ANTONIO	700 EUCLID AVENUE	MIAMI BEACH FL 33139

5000008752735
11/01/02--01029--005 **150.00

8. Name and Address of Current Registered Agent

LA GUARDIA, ANTONIO DE
700 EUSLIO AVE
MIAMI FL 33139

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

11. 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

10/28/02 (776) 8974947

CR2E040 (8/02)

October 29, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

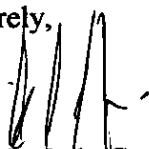
To Whom It May Concern:

This letter is to inform you that I did not receive the two prior uniform business reports (UBR) notices due to the fact that the address that you have in file is wrong. Moreover, this notice was given to me by the person who currently lives in that address. My new address is 1340 Lincoln Rd. # 301, Miami Beach, FL 33139.

I would like to ask you to please reinstate my company without any fees since my lack of payments was due to a mailing mistake.

I am very sorry for any inconveniences this may have caused you. If you have any questions, please do not hesitate to contact me at (786)897-4947.

Sincerely,



Antonio de la Guardia