## 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 437173** 

FILED Oct 21, 2009 Secretary of State

Entity Name: ART NEEDLE 'N CANVAS, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
800 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009				800 E HALLANDALE BEACH BLVD #26		
				HALLANDALE, FL 33009		
Current Mailing Address:				New Mailing Address:		
800 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009				800 E HALLANDALE BEACH BLVD #26 HALLANDALE, FL 33009		
FEI Number:	13-2759383	FEI Number Applied For ( )	FEI Num	ber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ELKINS, RUTH 800 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 US				ELKINS, RUTH 800 E. HALLANDALE BEACH BLVD. #26 HALLANDALE, FL 33009 US		
The above in the State		submits this statement for the p	purpose of	changing its registered	office or registered agent, or both,	
SIGNATURE: RUTH ELKINS				10/21/2009		
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did no	ot receive th	ne prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( ) ELKINS,RUTH 6619 NW 24 TE BOCA RATON,			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SDT ( ) OPPENHEIM, F 14463 66TH ST LOXAHATCHEE	NORTH		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD ( ) ZAREMBY, BAI 7525 NW 61 TE PARKLAND, FL	ERRACE #2304		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VD ( ) ELKINS, STEVI	) Delete E		Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RUTH ELKINS PRES 10/21/2009

2018 ALAQUA LAKES BLVD

LONGWOOD, FL 32779

Address:

City-St-Zip: