2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2004
Secretary of State

DOCUMENT# 701378

Entity Name: BEAUX ARTS OF MUSEUM OF ART, INC., FORT LAUDERDALE, FLORIDA

Current Principal Place of Business:

ONE EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

ONE EAST LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-6138952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLLE, EMILY J
2501 NE 12 CT
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

SCOTT-FOUNDS, LISA J
605 SW 7TH AVENUE
FORT LAUDERDALE, FL 33315 US

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.

SIGNATURE: LISA SCOTT-FOUNDS 11/03/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GREEP, KARYN
Address: 2725 NE 26 TERR
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: DVP ( ) Delete
Name: FRENCH, BETH
Address: 909 PONCE DE LEON DR
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: TD ( ) Delete
Name: TOLLE, EMILY
Address: 2501 NE 12 CT
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCOTT-FOUNDS, LISA
Address: 605 SW 7TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VPD (X) Change ( ) Addition
Name: FOGERTY, LOUISE
Address: 2701 NE 26TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: TD (X) Change ( ) Addition
Name: HANSEN, MARIE
Address: 712 SE 8TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD ( ) Change (X) Addition
Name: WOODS, KAREN
Address: 11800 PICCADILLY PLACE
City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SCOTT-FOUNDS PD 11/03/2004
Electronic Signature of Signing Officer or Director Date