2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#713094

FILED Jaņ 2<u>6, 2</u>009 Secretary of State

Entity Name: THE FRIENDS OF ART, INC.

Current Principal Place of Business: New Principal Place of Business:

1301 STANFORD DRIVE CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

1301 STANFORD DRIVE C/O E. STRONGIN CPA, 3225 AVIATION AVE.

CORAL GABLES, FL 33146 MIAMI, FL 33133

FEI Number: 59-6192862 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DURSAM, BRIAN 1301 STANFORD DR CORAL GABLES, FL 331469005 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: BRIAN DURSAM

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MATUS, JUDITH MATUS, JUDITH Name: Name: 10 EDGEWATER DRIVE Address: 10 EDGEWATER DRIVE Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete Title: PD (X) Change () Addition

Name: BLADES, CAROL Name: BLADES, CAROL Address: 1301 STANFORD DR Address: 1301 STANFORD DR City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete Title: () Change () Addition

BEREZIN, JEAN Name: Name: 1301 STANDFORD DR Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN F BEREZIN TD 01/26/2009