## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	MENT #		]			FILE	D			
1. Entity Nar CROWIN		R ARTS, INC.				)		05	OCT 28	PH 8: 44
	<u> </u>		<u>]</u>		SECR	Fifay	17.12			
Principal Place of Business 180 WEST BROADWAY RM 302 NEW YORK, NY 10013			Mailing Address 180 WEST BROADWAY RM 302 NEW YORK, NY 10013			100		TALL)	EJAP WASSEE,	FLORIDA
HEIR TORK,	111 10015									
2. Principal F	Place of Business		3. Maifing Address				IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09292005	STAT	⊑ëñ.	E099 (6/04)	1005
City & State			City & State			4. FEI Number 13-36935	565		<del>      -   -  </del>	plied For ,
Zip	Country		Zip		intry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	litional f
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
SANON-JULES, GARY							earn			
819 FIFTH	1 ST. ACH, FL 331	30	(P.O. Box Number i	s Not Acceptat	ole)					
I WIIAWII BE	AUH, FL 331	39	Fifth	5+						
S19 City Mian							h	F	L Zip Cod	139
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 10 10 10 10 10 10 10 10 10 10 10 10 10										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) - QATE										
FILE NOWIII FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50  Make check payable to Florida Department of State										
10.	-	OFFICERS AND DIR		<b>I</b> 11.		ADDITIONS/CHAN	and the second	40-04-62	<b>电影性 医电影性 电影</b>	Marie Land
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CITY-SI-ZIP	STREET ADDRESS PO BOX 1807, CANAL STREET STN  CITY-SI-ZIP NEW YORK, NY 10013					10/28	<b>)006</b> 1 /05010	42N		b.25
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NAME	BELLE, DAVID			NAM						
STREET ADDRESS CITY-ST-ZIP	PO BOX 413 REMSENBURG, NY 11960				ET ADDRESS -ST-ZIP					
TITLE ,	D Delete				:				☐ Change	Addition
NAME	MAYSLES, ALBERT ONE WEST 72ND STREET				ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	NEW YORK, NY				-ST-ZIP					ļ
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STREET ADDRESS CITY-ST-ZIP		e seema usuurus saarii saa		CITY	-ST-ZIP -	•••	·			•
12. I hereby	certify that the inf	ormation supplied with	this filing does not qualify fo	r the exe	mption stated in S ture shall have the	section 119.07(3)(i), same legal effect a	Florida Statutes	s. I further ir oath; the	certify that the in	nformation or director
12. I hereby certify that the information supplied with this filing does not qualify 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 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.										
11/1 : 12 201/03/03										
SIGNATURE: 10/21/05 2/2-339-62400										