

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 NOV 26 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

F02000006227

**1. Corporation Name**

Empire Art Products Co., Inc.

**2. Principal Office Address**

2800 NW 125th Street

Suite, Apt. #, etc.

**City & State**

North Miami, FL

**Zip**

33167

**Country**

DADE

**3. Mailing Office Address**

2800 NW 125th Street

Suite, Apt. #, etc.

**City & State**

North Miami, FL

**Zip**

33167

**Country**

Dade

**REINSTATEMENT 03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/19/90

**5. FEI Number**

11-1871737

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Gary Helman

**Street Address (P.O. Box Number is Not Acceptable)**

2800 NW 125th Street

Suite, Apt. #, Etc.

**City**

North Miami, FL

**State**

FL

**Zip Code**

33167

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

*[Signature of Gary Helman]*

REGISTERED AGENT MUST SIGN

Date **November 20, 2003**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/D	Gary Helman	1082 San Luis Rey	Weston, FL 33326
CFO/D	Eric L. Moss	9676B Boca Gardens Circle North	Boca Raton, FL 33496

**10. 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 of Gary Helman]*

Gary Helman, President

11/20/2003

305-688-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



2800 NW 125<sup>TH</sup> STREET  
MIAMI, FL 33167  
TEL: 305-688-5300 ♦ FAX: 305-769-2648  
www.empireart.com

November 20, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Corporation

Dear Sir or Madam:

In accordance with my conversation with one of your representatives I was told that we could have our corporation reinstated for the normal annual fee of \$150.00. Apparently there was some confusion and the forms were sent to New York rather than our address in Florida.

We greatly appreciate this courtesy and accordingly have completed the Reinstatement Form and enclosed our check for \$150.00.

Thank you again for your cooperation.

Sincerely,

Eric L. Moss  
Controller