

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 11 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400131363914
06/16/08--01049--026 **1200.00

DOCUMENT # F03000003323

1. Corporation Name

EVERGREENE PAINTING STUDIOS, INC.

W0800029709

2. Principal Office Address - No P.O. Box #

450 W 31ST STREET

Suite, Apt. #, etc.

7TH FLOOR

City & State

NEW YORK

Zip

10001

Country

USA

3. Mailing Office Address

450 W 31ST STREET

Suite, Apt. #, etc.

7TH FLOOR

City & State

NEW YORK

Zip

10001

Country

USA

REINSTATEMENT
CR2E081 (12/07)

05-08

4. Date Incorporated or Qualified To Do Business in Florida

7/18/1978

5. FEI Number

13-2942917

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

PARACORP

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

236 EAST 6TH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

NINH HO, ASST SECRETARY
REGISTERED AGENT MUST SIGN

Date

7/1/08

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
P	JEFF GREENE	450 W 31ST STREET	NEW YORK/NY/10001
S	DESIREE GREENE	450 W 31ST STREET	NEW YORK/NY/10001

REINSTATEMENT 05-08

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 contained in Chapter 119, 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] JEFF GREENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/08
Date

212-244-2800
Daytime Phone #

7/15