

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

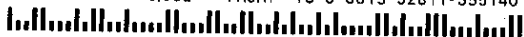
2002 NOV -6 PM 12: 07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009310

Name and Mailing Address

0000861 01 FP 0,352 **PRSR T3 0 0615 32811-355140



ART BY ALICE, LLC.

5301 CONROY ROAD

SUITE 140

ORLANDO FL 32811-3551



2. New Mailing Address

City, State, Zip

Principal Place of Business

5301 CONROY ROAD
SUITE 140
ORLANDO FL 32811

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/11/2001

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

LAVIGNE, JAMES R
5301 CONROY ROAD
SUITE 140
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name

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

500008832329

11/06/02--01093--004 **158.75

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James R. Lavigne
REGISTERED AGENT MUST SIGN

Date

11-4-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LAUGHLIN, ALICE	P.O BOX 2542	WINTERPARK FL 32780

REINSTATEMENT 2002

JD

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Alice Laughlin

Date

10-31/2002

Daytime Phone #

(407) 2927224

Typed or printed name of signing Managing Member/Manager

LAVIGNE, COTON & ASSOCIATES, P.A.
An International Law Firm

Florida Main Office
5301 Conroy Road, Suite 140
Orlando, Florida 32811
Tel: (407) 316-9988
Fax: (407) 316-8820

Email: attylavign@aol.com
www.americalawyersinternational.com

FILED

ASSOCIATES

2002 NOV -6 PM 12: 07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

HECTOR A. FELICIANO
Se Habla Español
Admitted to Bar of Puerto Rico

November 4, 2002

SEPIDEH ESKANDARI

JAMES R. LAVIGNE
Florida Bar Certified - International Law
LL.M. - International Law
London, England

LUIS D. COTON
Board Certified
Immigration & Nationality Law
Se Habla Español

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Art by Alice, LLC
Document No: L01000009310

To Whom It May Concern:

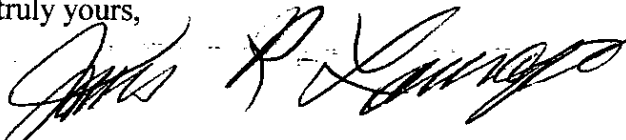
We are pleased to enclose with this letter the Application for Reinstatement signed by Alice Laughlin and also signed by me as the Registered Agent.

We also enclose a check from Art by Alice, LLC to the Secretary of State in the amount of \$158.75.

Please send us the Certificate of Status.

Thank you for your prompt attention to this matter. Please let me know if you need anything else.

Very truly yours,



James R. LaVigne, Esq.

JRL/kaf

cc: Alice Laughlin