

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 2:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

700026114507
01/06/04--01017--029 **150.00

1. DOCUMENT # L01000009469
Name and Mailing Address

0003491 01 AT 0.292 **AUTO TS 0 0615 32804-392045

ARTBEAT CERAMICS LLC
45 E. ROSEVEAR STREET
ORLANDO FL 32804-3920



| | | | |
|--|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Quantified To Do Business in Florida 06/06/2001 | |
| Principal Place of Business 45 E. ROSEVEAR STREET ORLANDO FL 32804 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 0716930775 APPLIED FOR | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | |
|--|---|
| 8. Name and Address of Current Registered Agent MOODY, ELIZABETH 45 E. ROSEVEAR STREET ORLANDO FL 32804 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 Elizabeth Moody **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12-29-03

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 | MOODY, ELIZABETH | 45 EAST ROSEVEAR ST. | ORLANDO FL 32804 |
| MGRM | TIBBETTS, HOLLY | 45 EAST ROSEVEAR ST. | ORLANDO FL 32804 |
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REINSTATEMENT 2003

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

Elizabeth Moody

Date 12-29-03

Daytime Phone # 407-894-6119

Typed or printed name of signing Managing Member/Manager

ELIZABETH MOODY

CR2E034 (7/03)