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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

1. DOCUMENT # L02000010038

Name and Mailing Address

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INDUS ASIAN ARTS, LLC
21214 SWEETWATER LANE NORTH
BOCA RATON FL 33428-1022

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/26/2002	
Principal Place of Business 21214 SWEETWATER LANE NORTH BOCA RATON FL 33428-1022 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 47-0865649	Applied For <input checked="" type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROBINSON, GARDINER S 21214 SWEETWATER LANE NORTH BOCA RATON FL 33428-1022	9. Name and Address of New Registered Agent Name 400027099194 01/16/04--01035--025 **205.00 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Glenda E. Hood* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 1/10/04

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	ROBINSON, GARDINER S	21214 SWEETWATER LANE NORTH	BOCA RATON FL 33428-1022

REINSTATEMENT 2003-042

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 *Glenda E. Hood* **SIGNATURE REQUIRED**

Date 1/10/04

Daytime Phone # 561-883-1180

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)