

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000086505

Entity Name: METROART GALLERY, LLC

FILED
May 27, 2008
Secretary of State

Current Principal Place of Business:

3500 NW BOCA RATON BLVD
#809, BOCA DESIGN CENTER
BOCA RATON, FL 33431

New Principal Place of Business:

798 OSPREY POINT CIRCLE
BOCA RATON, FL 33431

Current Mailing Address:

3500 NW BOCA RATON BLVD.
#809, BOCA DESIGN CENTER
BOCA RATON, FL 33431

New Mailing Address:

798 OSPREY POINT CIRCLE
BOCA RATON, FL 33431

FEI Number: 11-3734977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POON, GAIL
3500 NW BOCA RATON BLVD.
#809, BOCA DESIGN CENTER
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

POON, GAIL
798 OSPREY POINT CIRCLE
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GAIL POON

05/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POON, GAIL
Address: 3500 NW BOCA RATON BLVD, #809
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POON, GAIL
Address: 798 OSPREY POINT CIRCLE
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GAIL POON

MGR

05/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date