

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 14 AM 10:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M37005

1. Corporation Name

E.T. Fine Arts, Inc.

Principal Place of Business

Mailing Address

2100 Ponce De Leon Blvd. Ste. 1040
 Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2100 Ponce De Leon Blvd.
 Suite, Apt., #, etc.
 Ste 1040

3. New Mailing Office Address, If Applicable

2100 Ponce De Leon Blvd.
 Suite, Apt., #, etc.
 Ste 1040

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip Country
 33134 USA

Zip Country
 33134 USA

4. Date Incorporated or Qualified To Do Business in Florida
 8/19/1986

5. FEI Number
 59-2719500

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 96-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Emmett, Isabella M.	1535 Robbia Avenue	Coral Gables, FL 33146
DST	Emmett, Frederic H. Jr.	1535 Robbia Avenue	Coral Gables, FL 33146

900002350319--7
 -11/18/97--01041--018
 *****8.75 *****8.75

DB 11/17

8. Name and Address of Current Registered Agent

Evans, George M., Esquire
 2100 Ponce De Leon Blvd.
 Ste 1040
 Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
 Evans, George M., Esquire
 Street Address (P.O. Box Number is Not Acceptable)
 2100 Ponce De Leon Blvd.
 Suite, Apt., #, Etc.
 Ste 1040
 City
 Coral Gables

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 *****8.75 *****8.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date 11/11/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Frederic H. Emmett Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-97
 Date

305-442-
 8743
 Daytime Phone #

CPPE049 (12/95)