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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 25 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004445

1. Corporation Name
UNITED CARIBBEAN ARTISTS ART GALLERY, INC

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 57183	P.O. BOX 57183
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32241 Country: USA	Zip: 32241 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 06-10-02

5. FEI Number: 32-0020173 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DICKENSON FLEURY
Street Address (P.O. Box Number is Not Acceptable): 5800 W. university blvd
Suite, Apt. #, Etc.: 329
City: Jacksonville | State: FL | Zip Code: 32216

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Dickenson Fleury — Date: 2-4-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	Cantave Casseus	8238 Lochsea Forth Lane	Jacksonville, FL 32244
V.P.	Dickenson Fleury	5800 W. university blvd Apt 329	Jacksonville, Fl 32216
Sec	ROGER VICTOR	15 Bay Town Cir	Jacksonville, Fl 3224[illegible]
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10. 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: Cantave Casseus — 2/20/05 — 904-370-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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February 4, 2005

To Florida Department of State Secretary
Of State Division of Corporations

To Whom It May Concern;

Please be advised that we have moved from our previous location on 9735 Old St. Augustine road unit #21, Jacksonville, Fl 32257, and current address is P.O. Box 57183 Jacksonville, Fl 32241.

We're further stating that we had no knowledge of renewing our corporation's status every year, and we have never received any notice mentioned that we have to file every year. And we have to assure you that since we moved not all correspondence have been forwarded to our current address.

Therefore, we are requesting that delinquent fee to be waived and we enclosed the filing fee for the 3 previous years along with the application for reinstatement.
If more information is needed in regard to that matter, please feel free to contact us at these numbers: 904-994-5906 904-370-0321. Thank you

Sincerely,
Cantave Casseus
Cantave Casseus
Dickenson Fleury
Dickenson Fleury