PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 FEB 12 PH 12: 17
DOCUMENT # N0400003874 1. Corporation Name	TALLAMASSEE, FLORIDA
S.S.B. Invest In The Arts Inc.	200088698912 02/19/0701006005 **131.25 1/ 1/12/07
2. Principal Office Address . 6919. Broward Blvd Suite, Apt. #, etc. 3. Mailing Office Address . 6919 Broward Blvd. Suite, Apt. #, etc.	CR2E081 (12/05)
Suite * 257 City & State	4. Date Incorporated or Qualified To Do Business in Florida April 12, 2004 5. FEI Number Applied For Not Applicable
Zip Country Zip Country 3333.17 U.5. 333.17 U.5.	6. CERTIFICATE OF STATUS DESIRED Y \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) 4709 NW 940 Drive Suite, Apt. #, Etc. City Plantastion State Zip Code FL 33317	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the	<u> </u>
Signature of Registered Agent	
9. Names and Street Addresses of Each Officer and Ior Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors	
Pres KES Danie Veasy 4709 NW 4th Dr., Plandation	FL 33317 Plantation FL 33317
Treasure Traya Ellison 1541 NW 32nd	We Ft. Landerdale Fh-33311
Seigeny Don Ella Reddick 460 5W 38th Terr.	H. Lander Sale FL 33312
V. Pies Nedra Yeasy 4704 NW 4th Dr.	Planota 410m FZ 33317
Diector Michael Chinnery 163 Grange Dr. Boyton Bch, F1 33236 800082911818 01/02/07-01054-003 **236.25	
10.1 certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 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 contained in Chapter 119, 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	