PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 07 DEC 13 PH 2: 56
DOCUMENT # NO500001757 1. Corporation Name JAH-LOVE-ARTS-INC.			LI LAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 33902		DEIM	CTATEMENT Of SO
	x 795 WPB Fla	nelly.	STATEMENT 06-07 CR2E081 (1/07) CR2-05
Suite, Apt. #, etc. West-Palm Burch City & State State Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		4. Date Incorpo To Do Busine	
Florida 33407 Porida		5. FEI Number Applied For Not Applicable	
33402 Palm Bank 33410) a falm Beach	6. 2 - 16 CERTIFICATE C	OF STATUS DESIRED (S375) AUCTION (Section)
7. Name and Address of Current Registered Agent			- 1000 (minute)
Cassandra D. BROWN		The reinstatement fee is imposed, except in circumstances which the entity did not receive	
Street Address (P.O. Box Mumber is Not Acceptable) 3808 - Creen 6000 Ave.		the prior notices. By checking this box, you are certifying the prior notices were not	
Suite Apr. # Etc. Palm Brach Florida		received and requesting the reinstatement fee be waived.	
City Dest Palm Breach FL State Zip Code FL 33407		ree be v	vaived.
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 Activity Osland Delocus - Brown Date 10-10-07 REGISTERED AGENT MUST SIGN			
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
Direc Cassandra Brown 3808 Green Wood Not Palm Benchita			
Dreder Africa James 5.	1121 W.27 Sheet		21:01 leng Beach F1433404
Director EliJAh James C.	3808 (aren lew)	save.	Dost falm Bench Fla
Many Iyata James 3808 Green wood Are West Palm Beach Fla.			
9001132223 33407			
Dr 13/17		3,027,349	7 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U 1 U
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 contained in Chapter 119, F.S. The information indicated on this application is true and occurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON SHECTOR Date Daylime Phone #			