## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N94000003566

Entity Name: TAJIRI ARTS INCROPORATED

FILED Oct 31, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
519 PALME SANFORD,					
Current Mailing Address:			New Mailir	New Mailing Address:	
	AGE LAKES DR. /ILLE, FL 32218	US			
FEI Number:	59-3262070 FE	El Number Applied For()	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WHATLEY, PATRICIA M 782 HERITAGE LAKES DR JACKSONVILLE, FL 32218 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: PATRICIA M. WHATLEY					
0.014/11011		ignature of Registered Agen	t	 Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () Dele WHATLEY, PATRICI 782 HERITAGE LAK JACKSONVILLE, FL	A M ES DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Dele DENNIS, WILLIE 6858 HIDDEN GLAD SANFORD, FL 3277	E PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VC () Dele ELLISON, KITTY 6814 W LIVINGSTOI ORLANDO, FL 3282	N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Dele CAL, LEDBETTER 2806 WESSEX STR ORLANDO, FL 3280	EET	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition KENNETH, PRATT 860 NORTH ORANGE AVENUE- #371 ORLANDO, FL 32801 US	
Title: Name: Address: City-St-Zip:	MEM () Dele CAMILLA, BARNES 1304 WEST 16TH S' SANFORD, FL 3277	TREET	Title: Name: Address: City-St-Zip:	MEM (X) Change ( ) Addition JAMES, MELTON 1893 WEST 18TH STREET SANFORD, FL 32771 US	
Title: Name: Address: City-St-Zip:	MEM. (X) Dele BUFORD, CAROL 160 INTERNATIONA HEATHROW, FL 32	L PARKWAY	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KITTY ELLISON VC 10/31/2008