
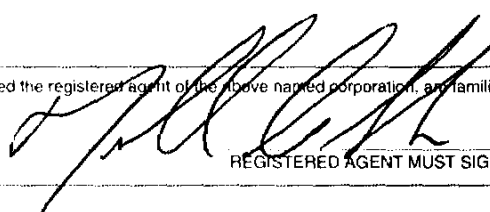
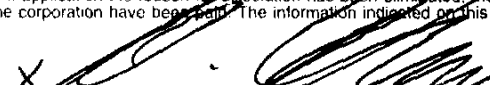


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">97 FEB -4 AM 8:22</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
DOCUMENT # N95000002922		<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">96</div> <div style="font-size: 1.2em; margin-top: 10px;">mwr</div>					
1. Corporation Name DUR MUSIC SCHOOL OF THE ARTS, INC.							
Principal Place of Business 4360 NORTHLAKE BLVD., SUITE #205 PALM BEACH GARDENS, FL 33410		Mailing Address (Same as Principal Place of Business)		<div style="font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</div>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		4. Date Incorporated or Qualified To Do Business in Florida 6/19/95					
2. New Principal Office Address, If Applicable 2200 N. FLORIDA MANGO RD. 2nd FLOOR		3. New Mailing Address, If Applicable Suite, Apt. #, etc.				5. FEI Number 65-0588512	
City & State WEST PALM BEACH, FL		City & State				Applied For Not Applicable	
Zip 33409		Country PALM BEACH		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
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				
1	2	3	4				
DIR	NICOLE DURR	2200 N. FLORIDA MANGO RD. 2nd FLOOR	WEST PALM BEACH, FL 33409				
DIR	HAROLD HOLDER	2200 N. FLORIDA MANGO RD. 2nd FLOOR	WEST PALM BEACH, FL 33409				
DIR	EHAB H. CORIATY	2200 N. FLORIDA MANGO RD 2nd FLOOR	WEST PALM BEACH, FL 33409				
				<div style="font-size: 1.2em;">4000002081044--2</div> <div style="font-size: 0.8em;">-02/07/97--01015--006</div> <div style="font-size: 0.7em;">****236.25 ****236.25</div>			
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
			Name MICHAEL A. SLAVIN				
			Street Address (P.O. Box Number is Not Acceptable) FIRST UNION CENTER				
			Suite, Apt. #, Etc. 4440 PGA BLVD., SUITE #402				
			City PALM BEACH GARDENS				
			State FL	Zip Code 33410			
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				Date 1/30/97			
		REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		

CR2E040 (12/95)