

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088908

1. Corporation Name

ART THERAPY COMPANY

2. Principal Office Address

2121 PONCE DE LEON

Suite, Apt. #, etc.

240

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

3. Mailing Office Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

240

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08-20-00

5. FEI Number

65-1042436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 240

City

CORAL GABLES

State

FL

Zip Code

33134

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 01-31-02

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
PTD	JAIME RENDON	2121 PONCE DE LEON #240	CORAL GABLES, FL. 33134
DS	NHORA LUCIA HOYOS	2121 PONCE DE LEON #240	CORAL GABLES, FL. 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME RENDON (PRES)

Date

01-31-02

Daytime Phone #

CR2E081 (9/01)

*Prats*

ART THERAPY COMPANY  
2121 Ponce de Leon Blvd #240  
Coral Gables, FL 33134

January 31, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

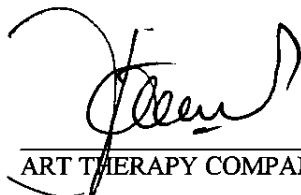
To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2001 Uniform Business Report ( U.B.R. ) for our company has not been filed.

According to our records we didn't receive the 2001 U.B.R. form. Enclosed is a completed corporation Reinstatement and a check for \$317.50 We hereby request an abatement of the \$600.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

  
ART THERAPY COMPANY