

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JAN 13 AM 8:31

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000039920*

1. Corporation Name

The Art of the Mirror INC.

2. Principal Office Address

7309 N.W. 46th St.

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33164

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1094011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vanessa Egued

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

7309 N.W. 46th Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33164

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

Vanessa Egued

Date

1/9/04

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
<i>PD</i>	<i>MERCEDES EGUED</i>	<i>17909 N.W. 46 St.</i>	<i>MIAMI FL 33166</i>
<i>USD</i>	<i>VANESSA EGUED</i>	<i>7309 N.W. 46 St</i>	<i>MIAMI FL 33166</i>

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:

Vanessa Egued

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/04 3055535104

Daytime Phone #

CR2E081 (10/02)