

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 29 AM 9:57

DOCUMENT # P01000081255

1. Corporation Name

PRINSTEIN & TOPP ART DEALERS, INC

2. Principal Office Address

9560 SW 166TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33196

Country

USA

3. Mailing Office Address

9560 SW 166TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33196

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/2001

5. FEI Number

300126547

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

CLAUDIA I. PRINSTEIN

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

9560 SW 166TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

*Claudia I. Prinstein*

Date 03/08/2006

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
PTD	CLAUDIA I. PRINSTEIN	9560 SW 166TH AVE	MIAMI, FL 33196
SVD	GUILLERMO O. HASBUN	9560 SW 166TH AVE	MIAMI, FL 33196

000070228330

04/12/06--01042--027 \*\*450.00

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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

*Claudia I. Prinstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA I. PRINSTEIN 03/08/2006

Date

305-408-4023

Daytime Phone #

*Prinstein & Topp Art Dealers, Inc.*

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March 27, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

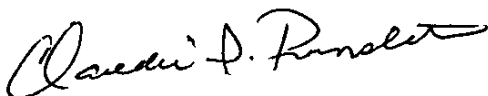
Per your request, enclosed please find the complete corporation re-instatement form along with check for processing.

As explained previously during our phone conversation, we never received a renewal form for the year 2004, 2005 nor 2006 for our corporation and since we have operated under the fictitious name owned, Artopp, we never realized it had become inactive.

I hope you can assist me in the process of re-activation of my corporation at your earliest convenience.

Should you have any questions please do not hesitate to contact me at a suitable time at 305-408-4023.

Sincerely,



Claudia I. Prinstein  
President