


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 31 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P-02000004624**
1. Corporation Name
Socratic Arts, Inc.

2. Principal Office Address
166 Everglades Ave.

3. Mailing Office Address
166 Everglades Ave.

Suite, Apt. #, etc.

City & State
Palm Beach, FL

Zip Country
33480 USA

4. Date Incorporated or Qualified To Do Business in Florida
January 9, 2002

5. FEI Number
02-0537618

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name
Stuart B. Klein

Street Address (P.O. Box Number is Not Acceptable)
1551 Forum Place

Suite, Apt. #, Etc.
Suite 400 B

City
West Palm Beach,

State
FL

Zip Code
33401

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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 *Stuart B. Klein* Date 10/21/03

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
D	ROGER C. SCHANK	166 Everglades Ave.	PALM BEACH, FL 33480

Bullb

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)(f), 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: *Roger Schank* Date 10/27/03 732-888-8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)