


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 10 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074309		
1. Entity Name ABC ART COMPANY		

Principal Place of Business 10200 NW 25 ST STE 207 MIAMI, FL 33172	Mailing Address 10200 NW 25 ST STE 207 MIAMI, FL 33172
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2. Principal Place of Business 1234 S. Dixie Hwy (258) Suite, Apt. #, etc. MIAMI FL 33146	3. Mailing Address (Same)
City & State	City & State
Zip	Country

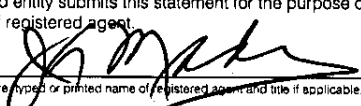


11192004 REIN-P CR2E098 (6/04)

4. FEI Number 90-0050570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name J. MADRAZO Street Address (P.O. Box Number is Not Acceptable) 1234 S. DIXIE HWY #258 City MIAMI FL Zip Code 33146
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 12/07/04

(NOTE: Registered Agent signature required when reinstating)

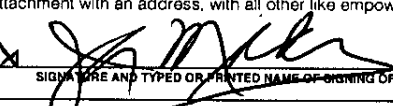
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MADRAZO, JOSE A 10200 NW 25 ST STE 207 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

100043328121
12/10/04--01018--008 **\$150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 12/9/04. 305-401-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR