PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State DIVISION OF CORPORATIONS DOCUMENT # PO20000 87 276 1. Corporation Name ARTISTRY WALL DESIGNS, INC. 2. Principal Office Address IND P.O. BOX # 1850 SW II 5T. Suite, Apt. #, etc. City & State MIAMI, FL ZIP 33 (35) Cauntry T. Name and Address of Current Registered Agent Name ROBERTO C. FREITAS Secretary of State DIVISION OF CORPORATIONS 07 H/1Y 22 AM 10: 03 AM 10: 03 AREIARY OF STATE LLAHASSEE, FLORIDA 1. Corporation Name BIDD 10 4226829 06/11/0701054003 ***1050 REINSTATEMENT CRZE081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida 8/09/2002 5. FEI Number To Do Business in Florida 8/09/2002 STEATUS DESIRED The reinstatement fee is imposed, except circumstances which the entity did not receive the prior notices. By checking this box, y	DALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
1. Corporation Name ARTISTRY WALL DESIGNS, INC. 2. Principal Office Address 1 No P.O. Box # 1850 SW 11 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State MIAMI, FL Country 3. Mailing Office Address 1 ST. Suite, Apt. #, etc. City & State MIAMI, FL Country 33135 Country Country Country Country The reinstatement fee is imposed, except circumstances which the entity did not recet the prior notices. By checking this box, y	Secretary of State 07 H/1Y 22 AM 10: 03
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City & State MIAMI, FL Zip 33135 Country 33135 Country Country To Name and Address of Current Registered Agent Name ROBERTO C. FREITAS Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) A Date Incorporated or Qualified To Do Business in Florida 8 / 0 9 / 2002 Applied F. Street Address (P.O. Box Number is Not Acceptable) A Date Incorporated or Qualified To Do Business in Florida 8 / 0 9 / 2002 Applied F. Street Address (P.O. Box Number is Not Acceptable) The reinstatement fee is imposed, except circumstances which the entity did not recent the prior notices. By checking this box, y	3. Mailing Office Address 1850 SW 11 ST. REINSTATEMENT 05-
City & State MIAMI, FL Zip 33135 Country LSA Country To a Certificate of Status Desired Name ROBERTO C. FREITAS Street Address (P.O. Box Number is Not Acceptable) Not Applied F. Not Applied F. Not Applied F. Not Applied F. Certificate of Status Desired The reinstatement fee is imposed, except circumstances which the entity did not recent the prior notices. By checking this box, y	
7. Name and Address of Current Registered Agent Name ROBERTO C. FREITAS Street Address (P.O. Box Number is Not Acceptable) 1.4.2.(a) N.E. O. F. O.	City & State MIAMI, FL 5. FEI Number 34208532 Applied For Not Applicable
Name ROBERTO C. FREITA5 Street Address (P.O. Box Number is Not Acceptable) A 2 (2 N P OF THE COURT) The reinstatement fee is imposed, except circumstances which the entity did not recent the prior notices. By checking this box, y	33135 Country LISA CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
O. N. A. J. H. Phy.	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 REGISTERED AGENT MUST SIGN Date	above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Date 5/11/07
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	and/or Director (Florida nonprofit corporations must list at least 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	tors Officer and/or Director City / State / Zip
DIR ROBERTO C. FREITAS 1436 NE. 25th COURT POMPANO BEACH, FL 330	33664
DIR ROBSSON DE FREITAS 1434 NE 2514 COURT POMPOHO BEACH, FL 3301	TAS 1436 NE 2514 COURT POMPONO BEACH, FL 33064
DIE RICHARD C. WATSON 1850 SW 11 5T. MIAMI, PL 33135	
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 fill 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 fe 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 indic 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 Date Daytime Phone #	dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated my signature shall have the same legal effect as if made under oath. RICHARD C. WATSON 5/19/09 305 992 0217

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