

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000005978

1. Corporation Name

SOZO FINE ART REPRODUCTIONS, INC.

2. Principal Office Address - No P.O. Box #

1253 OLD OKEECHOBEE RD.

Suite, Apt. #, etc.

B4

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Office Address

1253 OLD OKEECHOBEE RD.

Suite, Apt. #, etc.

B4

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

7. Name and Address of Current Registered Agent

Name JOANNE BERKOW

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

14151 US HIGHWAY ONE

Suite, Apt. #, Etc.

City JUNO BEACH

State

FL

Zip Code

33408

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

Joanne Berkow

REGISTERED AGENT MUST SIGN

Date 4-10-07

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
CEO	JOANNE BERKOW	14151 U.S. HIGHWAY ONE	JUNO BEACH, FL 33408
P	BRYAN ELLISON	1253 OLD OKEECHOBEE RD.	W. PALM BEACH, FL
		# B4	33401

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:

Joanne Berkow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-07

Daytime Phone #

561-691-2534

FILED

07 APR 12 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700097579347

04/19/07--01036--013 \*\*1050.00

REINSTATEMENT 05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

1/16/2003

5. FEI Number

061671649

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

☐ 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.