


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000074553		
1. Entity Name D & D FINE ART, INC.		

Principal Place of Business 1717 20TH AVENUE street STE 3 VERO BEACH, FL 32960	Mailing Address 1717 20TH AVENUE street STE 3 VERO BEACH, FL 32960
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2. Principal Place of Business - No P.O. Box # Same as above (street)	3. Mailing Address 1717 20th Street
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. Suite 3

City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32960	Zip 32960
Country Indian River	Country Indian River

6. Name and Address of Current Registered Agent MACWILLIAM, KEVIN 2345 14TH AVENUE SUITE 3 VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	D BENICA, ANDREW R 1436 26TH AVENUE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111278493 10/24/07--01009--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENICA, DANIELLE D 1436 26TH AVENUE VERO BEACH, FL 32960 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/23 <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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Danielle D Benica* **VP** 10/16/07 772.564.9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Accountant did not file with
Check given to Phyllis Smith
07 OCT 22 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

