


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000088835		
1. Entity Name I. ART INC.		

Principal Place of Business 2321 NE 23 AVE 34th Ave LIGHTHOUSE POINT, FL 33064	Mailing Address 2321 NE 23 AVE 34th Ave LIGHTHOUSE POINT, FL 33064
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
LUBY, ILENE 2321 NE 23 AVE 34th Ave LIGHTHOUSE POINT, FL 33064	

4. FEI Number 20-2710378		Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	Change Addition
NAME	LUBY, ILENE	NAME	400054212984
STREET ADDRESS	2321 NE 23 AVE 34th Ave	STREET ADDRESS	05/10/05--01054--024 **308.75
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	CITY-ST-ZIP	

TITLE	Delete	TITLE	Change Addition
NAME		NAME	Vice Pres
STREET ADDRESS		STREET ADDRESS	Lisa Beth hub
CITY-ST-ZIP		CITY-ST-ZIP	466 Cambridge Lane

TITLE	Delete	TITLE	Change Addition
NAME		NAME	Weston flr
STREET ADDRESS		STREET ADDRESS	33326
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ilene B. Luby	DATE: 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
05 APR 26 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142005 REIN-P CR2E098 (6/04)

FL Zip Code

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

954 785 0731
2005