2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT 25 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-06

DOCUMENT # P03000095781

1. Entity Name
BROWNSTONE ART, INC.

Principal Place of Business	Mailing Address
11221 HERON BAY BLVD. #3716 CORAL SPRINGS, FL 33076	11221 HERON BAY BLVD. #3716 CORAL SPRINGS, FL 33076

2. Principal Place of Business	3. Mailing Address
9050 LAKES BLVD	9050 LAKES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: WEST PALM BEACH FL
Zip: 33412 Country: US	Zip: 33412 Country: US

07252006 REIN-P CR2E098 (11/05)

4. FEI Number: 51-0485980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN & RYAN ATTORNEYS, P.A.
11891 U.S. HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name: BRUCE LEIN
Street Address (P.O. Box Number Is Not Acceptable): 9050 LAKES BLVD
City: WPB FL Zip Code: 33412

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] 7/25
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEEDLEMAN, LESLEY 11221 HERON BAY BLVD. #3716 CORAL SPRINGS, FL 33076 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000081190590 10/25/06--01049--005 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES BRUCE LEIN 9050 LAKES BLVD WEST PALM BEACH FL 33412 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[initials] 10/27 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #