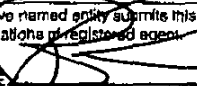


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 25 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000095781			
1. Entity Name BROWNSTONE ART, INC.			
Principal Place of Business 11221 HERON BAY BLVD. #3716 CORAL SPRINGS, FL 33076		Mailing Address 11221 HERON BAY BLVD. #3716 CORAL SPRINGS, FL 33076	
2. Principal Place of Business 9050 LAKES BLVD		3. Mailing Address 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
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 		DATE 7/25/06	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE _____	