2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2007
Secretary of State

DOCUMENT# P03000115389

Entity Name: O.K.S. ART, INC

Current Principal Place of Business:

6900 SW 57TH STREET
DAVIE, FL 33314

New Principal Place of Business:

3397 GRIFFINS WAY
LENOIR, NC 28645

Current Mailing Address:

6900 SW 57TH STREET
DAVIE, FL 33314

New Mailing Address:

3397 GRIFFINS WAY
LENOIR, NC 28645

FEI Number: 30-0215954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WENNEKAMP, SARAH M
6900 SW 57TH STREET
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

WENNEKAMP, SARAH M
3397 GRIFFINS WAY
LENOIR, FL 28645 US

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.

SIGNATURE: SARAH M. WENNEKAMP 10/19/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WENNEKAMP, SARAH M
Address: 6900 SW 57TH STREET
City-St-Zip: DAVIE, FL 33314

Title: V ( ) Delete
Name: CASTRO, ORLANDO A
Address: 6900 SW 57TH STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WENNEKAMP, SARAH M
Address: 3397 GRIFFINS WAY
City-St-Zip: LENOIR, NC 28645

Title: V (X) Change ( ) Addition
Name: CASTRO, ORLANDO A
Address: 3397 GRIFFINS WAY
City-St-Zip: LENOIR, NC 28645

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH M. WENNEKAMP P 10/19/2007
Electronic Signature of Signing Officer or Director Date