


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<p><b>FILED</b></p> <p>08 DEC -3 AM 8:21</p> <p>STATE OF FLORIDA TALLAHASSEE, FLORIDA</p>																													
<p><b>DOCUMENT #</b> <u>P03000137045</u></p> <p><b>1. Corporation Name</b></p> <p><u>Art Rouge, Inc</u></p>																																	
<p><b>2. Principal Office Address - No P.O. Box #</b></p> <p><u>46 NW 36 th street</u></p> <p>Suite, Apt. #, etc. <u>loft #3</u></p> <p>City &amp; State <u>MIAMI FL</u></p> <p>Zip <u>33127</u> Country <u>MIAMI</u></p>		<p><b>3. Mailing Office Address</b></p> <p><u>46 NW 36 street</u></p> <p>Suite, Apt. #, etc. <u>loft #3</u></p> <p>City &amp; State <u>MIAMI FL</u></p> <p>Zip <u>33127</u> Country <u>MIAMI</u></p>		<p><b>700138415187</b></p> <p>12/03/08--01041--008 **300.00</p> <p><b>REINSTATEMENT</b> <u>07-08</u></p>																													
<p><b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>11/20/2003</u></p> <p><b>5. FEI Number</b> <u>76-0762882</u></p> <p><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b></p>				<p><input checked="" type="checkbox"/> <b>The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</b></p>																													
<p><b>7. Name and Address of Current Registered Agent</b></p> <p>Name <u>KVACHNINA GALINA</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>2333 Brickell ave: #1206</u></p> <p>Suite, Apt. #, Etc. <u>#1206</u></p> <p>City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33129</u></p>																																	
<p><b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b></p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>12/01/08</u></p> <p style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></p>																																	
<p><b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>KVACHNINA GALINA</td> <td>2333 Brickell ave #1206</td> <td>Miami / FL / 33129</td> </tr> <tr> <td>P</td> <td>Topete Pedro</td> <td>1111 Brickell Bay dr. #2902</td> <td>Miami / FL / 33131</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	KVACHNINA GALINA	2333 Brickell ave #1206	Miami / FL / 33129	P	Topete Pedro	1111 Brickell Bay dr. #2902	Miami / FL / 33131																
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<p><b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b></p> <p><b>SIGNATURE:</b> <u>Galina Kvachnina</u> <u>12/01/08</u> <u>7863554394</u></p> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small></p>																																	

12/40