

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC 29 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000029476 1. Entity Name LIVE ART ENTERPRISES, INC.					
Principal Place of Business 628 HUDSON ROAD WEST PALM BEACH, FL 33405 <i>6110 NE 2ND TERR</i>			Mailing Address 11771 NATIONAL BOULEVARD 11 LOS ANGELES, CA 90064		
2. Principal Place of Business Suite, Apt. #, etc. <i>Fort Lauderdale, FL</i> City & State <i>Fort Lauderdale, FL</i> Zip <i>33324</i>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <i>US</i>		
4. FEI Number 41-2148751			12262006 REIN-P CR2E098 (11/05)		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			Applied For Not Applicable		
6. Name and Address of Current Registered Agent ACOSTA, SANDRA 3901 S. OCEAN DRIVE, UNIT#2X HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name JOSE HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) <i>6110 NE 2ND TERRACE</i> City <i>Fort Lauderdale</i> FL Zip Code <i>33324</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		JOSE Z HERNANDEZ <small>(NOTE: Registered Agent signature required when reinstating)</small>		12/12/06 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PD HERNANDEZ, JOSE I <input type="checkbox"/> Delete 628 HUDSON ROAD WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERNANDEZ JOSE I 6110 NE 2ND TERRACE Fort Lauderdale, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HERNANDEZ, MARIA 11771 NATIONAL BOULEVARD, APT 11 LOS ANGELES, CA 90064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300082861453 12/29/06--01028--007 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12/22/06 305-502-0287 <small>Date Daytime Phone #</small>		

XC 01/02