

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000060712

Entity Name: HEAD GEAR ARTS, INC.

FILED
Nov 30, 2005
Secretary of State

Current Principal Place of Business:

625 NW 210 STREET
UNIT 101
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

625 NW 210 STREET
UNIT 101
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANE, TIMOTHY N
329 SW 194 AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: TIMOTHY LANE

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: FOOTMAN, SAMUEL
Address: 625 NW 210 STREET, UNIT 101
City-St-Zip: MIAMI, FL 33169 US

Title: VP () Delete
Name: OLIVER, LEWIS
Address: 625 NW 210 STREET, UNIT 101
City-St-Zip: MIAMI, FL 33169 US

Title: SEC. () Delete
Name: LANE, TIMOTHY N
Address: 625 NW 210 STREET, UNIT 101
City-St-Zip: MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OLIVER, LOUIS
Address: 625 NW 210 STREET, UNIT 101
City-St-Zip: MIAMI, FL 33169 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL FOOTMAN

P

11/30/2005

Electronic Signature of Signing Officer or Director

Date