



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000094924</b>		
1. Entity Name <b>AFRICAN ARTS, INC.</b>		

FILED  
06 NOV 14 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>10564 BASTILLE LN #109 109 ORLANDO, FL 32836 US</b>	Mailing Address <b>10564 BASTILLE LN #109 109 ORLANDO, FL 32836 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
10062006 REIN-P	CR2E098 (11/05) 06
4. FEI Number <b>20-1502736</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>OMARJEE, OWAIS 10564 BASTILLE LN #109 ORLANDO, FL 32836</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00</b>	

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	OMARJEE, OWAIS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		OMARJEE, OWAIS		NAME			
STREET ADDRESS		10564 BASTILLE LN		STREET ADDRESS			
CITY-ST-ZIP		ORLANDO, FL 32836		CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>10/06/06</b> Daytime Phone #: <b>407-460-0122</b>

## **2006 FOR PROFIT CORPORATION REINSTATEMENT**

**To whom it may concern:**

**I did not receive the original notice. The only notice that I had received was on 10/06/2006. Thereafter I had immediately mailed out the Document #: P04000094924 including a check of \$158.75.**

**From:  
African Arts Inc.  
10564 Bastille Ln, #109  
Orlando, FL, 32836  
Phone:407-460-0122**