

MAR-10-1999 10:10  
FOR  
REINSTATEMENT

RAVENHILL STATE  
Secretary of State  
DIVISION OF CORPORATIONS

P.02/03

DOCUMENT # P33064

1. Corporation Name

Fine Arts Express, Inc

Principal Place of Business

251 Heath St.  
Boston, Ma 02130

Mailing Address

4 SUNSET AVE.  
HULL, Ma 02045

99 MAR 31 PM 1:51

RAVENHILL STATE  
RAVENHILL, FLORIDA

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|                                                |  |                                              |  |                                                                                                                  |  |
|------------------------------------------------|--|----------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, if Applicable |  | 3. New Mailing Office Address, if Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida                                                      |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 3/5/91                                                                                                           |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number                                                                                                    |  |
| Zip                                            |  | Country                                      |  | 042610480                                                                                                        |  |
|                                                |  |                                              |  | Applied For                                                                                                      |  |
|                                                |  |                                              |  | Not Applicable                                                                                                   |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> 3375 Additional Fee required for Certificate of Status |  |

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

| 1        | 2                                 | 3                                                                                   | 4                  |
|----------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| Pres.    | John H. Boyd                      | 4 SUNSET AVE                                                                        | HULL, Ma 02045     |
| Sec.     | Gregory G. Garritt                | 94 Union Ave                                                                        | Norfolk, Ma        |
| Dir      | Lew F. Boyd                       | 210 Middle Rd                                                                       | Newbury, Ma        |
| Dir      | Laurence Doherty                  | 524 Conant Ave                                                                      | Bridgewater, Ma    |
|          |                                   |                                                                                     |                    |
|          |                                   |                                                                                     |                    |
|          |                                   |                                                                                     |                    |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|                                                                                                                                                   |  |                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| Richard Sprague<br>6429 All American Blvd<br>Orlando, FL 32810                                                                                    |  | Name<br>C T Corporation System                     |  |
|                                                                                                                                                   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                                                                                                   |  | 1200 South Pine Island Road                        |  |
|                                                                                                                                                   |  | Suite, Apt. #, Etc.                                |  |
|                                                                                                                                                   |  | City                                               |  |
|                                                                                                                                                   |  | Plantation                                         |  |
|                                                                                                                                                   |  | State                                              |  |
|                                                                                                                                                   |  | FL                                                 |  |
|                                                                                                                                                   |  | Zip Code                                           |  |
|                                                                                                                                                   |  | 33324                                              |  |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. |  |                                                    |  |
| Signature of Registered Agent                                                                                                                     |  | Date                                               |  |
| Connie Bryan                                                                                                                                      |  | 3/31/99                                            |  |
| REGISTERED AGENT MUST SIGN                                                                                                                        |  |                                                    |  |

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Boyd

3/29/99

Date

781 925 3411

Daytime Phone #

TOTAL P.03