

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 OCT 31 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000000137

1. Corporation Name

ROBERT ST CROIX ART STUDIO, INC.

400002000184--4
-11/08/96--01031--026
***583.75 ***583.75

Principal Place of Business

Mailing Address

~~228 ATLANTIC AVENUE~~
~~SUITE 2B~~
~~PALM BEACH FL 33480~~

~~228 ATLANTIC AVENUE~~
~~SUITE 2B~~
~~PALM BEACH FL 33480~~

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

1400 ALABAMA AVE

Suite, Apt. #, etc.

SUITE #6

City & State

WEST PALM BEACH, FL.

Zip

33401

Country

U.S.A.

3. New Mailing Office Address, If Applicable

1400 ALABAMA AVE

Suite, Apt. #, etc.

SUITE #6

City & State

WEST PALM BEACH, FL.

Zip

33401

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

12/31/1992

5. FEI Number

65-0381299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
D	ST CROIX, ROBERT	228 ATLANTIC AVENUE, 12B	PALM BEACH FL 33480
		210 ELWA PLACE	WEST PALM BEACH, FL 33405

REINSTATEMENT

05/28/96
7/15/96
11/5/96

8. Name and Address of Current Registered Agent

ST CROIX, ROBERT
~~228 ATLANTIC AVENUE~~
~~SUITE 2B~~
~~PALM BEACH FL 33480~~

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
210 ELWA PLACE
Suite, Apt. #, Etc.
City
WEST PALM BEACH
State
FL
Zip Code
33405

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/96 (561) 835-1753

Date Daytime Phone #