

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra M. Ham
 Secretary of State
 DIVISION OF CORPORATIONS



98 AR

FILED

98 NOV 30 AM 10:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000016146

1. Corporation Name
ARTWORKS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address

~~1937 HOLLYWOOD BLVD.~~ **5808 Johnson St.** ~~1937 HOLLYWOOD BLVD.~~ **5808 Johnson St.**
 HOLLYWOOD FL 33020 **33021** HOLLYWOOD FL 33020 **33021**



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

2. New Principal Office Address, If Applicable 5808 Johnson St. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 5808 Johnson St. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 02/27/1995
City & State Hollywood FL	City & State Hollywood FL	5. FEI Number 65-0578269
Zip 33021	Country FLA.	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PELLECEC, SERGIO	1937 HOLLYWOOD BLVD. 5808 Johnson St.	HOLLYWOOD FL 33020 33021
D	PELLECEC, GLORIA	1937 HOLLYWOOD BLVD. 5808 Johnson St.	HOLLYWOOD FL 33020 33021

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FEINBERG, JEFFREY 4000 HOLLYWOOD BOULEVARD SUITE 350, NORTH TOWER HOLLYWOOD FL 33021	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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]* **SIGNATURE REQUIRED** Date: **11/25/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(i), 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]* **SIGNATURE REQUIRED** Date: **11/25/98** 954 893 7984 Daytime Phone #

CR2ED040 (8/93)



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

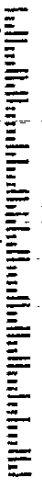
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#421

0016236 AF **AUTO. TD 1 0610 33020-450837

ARTW937 330200320 1398 08 11/16/98
NOTIFY SENDER OF NEW ADDRESS
:ART WORKS OF SO FL
5808 JOHNSON ST
HOLLYWOOD FL 33021-5636



MOVED!

As per conversation with gentleman in your office, please be advised that we moved approx 6-8 months ago. This is the 1st notification we have received. He advised that we could pay the original \$150. a check or enclose for next amount.

Thank you
Klori Belcher
954 8937984