

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 <b>5808 Johnson St.</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>5808 Johnson St.</b> Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida <b>02/27/1995</b>
City & State <b>Hollywood FL</b>	City & State <b>Hollywood FL</b>	5. FEI Number <b>65-0578269</b> Applied For Not Applicable
Zip <b>33021</b>	Country <b>FLA.</b>	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	<del>1937 HOLLYWOOD BLVD.</del> <b>5808 Johnson St.</b>	HOLLYWOOD FL 33020 <b>33021</b>
D	PELLECEC, GLORIA	<del>1937 HOLLYWOOD BLVD.</del> <b>5808 Johnson St.</b>	HOLLYWOOD FL 33020 <b>33021</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<b>FEINBERG, JEFFREY</b> 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 <b>FL</b>

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

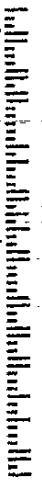
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314



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