PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 REINSTATEMENT

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

APPROVED AND FILED

96 DEC -5 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000016574**

1. Corporation Name

ART EYNIS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O ARTHUR EYNIS 1500 BAY RD.. SUITE 252 MIAMI BEACH FL 33139	C/O ARTHUR EYNIS 1500 BAY RD.. SUITE 252 MIAMI BEACH FL 33139

600002022526--8
-12/06/96--01088--003
****383.75 ****383.75

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
1500 Bay RD	2801 N.E. 183 St.
Suite, Apt. #, etc. Apt.# 1246	Suite, Apt. #, etc. 1909 W
City & State Miami Beach, FL	City & State AVENTURA FL
Zip 33139 Country U.S.A	Zip 33160 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1995

5. FEI Number: 65-0564974 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~EYNIS, ARTHUR~~	~~1500 BAY RD., SUITE 252~~	~~MIAMI BEACH FL 33139~~
P	EYNIS, ARTHUR	1500 BayRD., # 1246	Miami BEACH, FL 33139
D	MEDOVAYA, POLINA	2801 N.E. 183 St, 1909W.	AVENTURA, FL 33160

REINSTATEMENT 1996
Q. Alan
12-5-96

8. Name and Address of Current Registered Agent

EYNIS, ARTHUR
1500 BAY RD.
SUITE 252
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name: POLINA MEDOVAYA
Street Address (P.O. Box Number is Not Acceptable): 2801 N.E. 183 St
Suite, Apt. #, Etc.: 1909 W
City: AVENTURA State: FL Zip Code: 33160

CR2E040 (7/96)

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: C Mm - / P. Medovaya (FILED) Date: 11/27/1996
REGISTERED AGENT MUST SIGN

11. 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.)

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: Arthur Eynis ARTHUR EYNIS 11/27/96 (305) 534-0932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017084 AP