
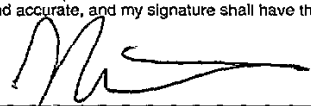


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000017974</b>			
1. Corporation Name  <b>REAL ARTS, INC.</b>			
Principal Place of Business <b>234 E. Commercial Blvd. Laud. by the Sea, FL 33308</b>		Mailing Address <b>50 SE Kindred St. Suite 107 Stuart, FL 34994</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correct.			
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip                      Country		3. New Mailing Office Address, If Applicable <b>4901 N Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 440</b> City & State <b>Ft. Laud., FL</b> Zip                      Country <b>33308                      USA</b>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>03/01/1995</b>	
		5. FEI Number <b>65-0559747</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)			
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
P/V/D	FRANK OCASIO	6475-3 Bay Club Drive	Ft. Laud., FL 33308
S	SCOTT BEAUMONT	800 SE 2nd Street Unit "L"	Ft. Laud., FL 33301
8. Name and Address of Current Registered Agent  <b>KOHL, N D JR</b> <b>50 SE Kindred Street</b> <b>Suite 107</b> <b>Stuart, FL 34994</b>		9. Name and Address of New Registered Agent Name <b>Michael I. Santucci, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4901 N Federal Hwy</b> Suite, Apt. #, Etc. <b>Suite 440</b> City <b>Ft. Laud.</b> State                      Zip Code <b>FL                      33308</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  Date <b>12/15/98</b> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.                      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: 		12/15/98                      (954) 772-0045 Date                      Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

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