
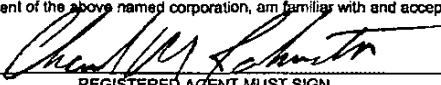
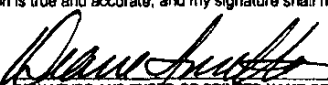


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000026100		FILED 08 NOV 17 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700137738107 11/18/08--01013--007 **150.00 700137738107 11/07/08--01016--028 **2400.00 CR2E081 (10/08)	
1. Corporation Name Still Point Studio of Fine Art, Inc.			
2. Principal Office Address - No P.O. Box # 8444 San Jose Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 8444 San Jose Blvd. Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32217	Country Duval	Zip 32217	
		Country Duval	
4. Date Incorporated or Qualified To Do Business in Florida March, 1995		5. FEI Number 59-3310655	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Charles Johnston			
Street Address (P.O. Box Number is Not Acceptable) 2223 Oak Street			
Suite, Apt. #, Etc.			
City Jacksonville	State FL	Zip Code 32204	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 11/05/2008	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Diane Insetta	8444 San Jose Blvd.	Jacksonville, FL 32217
REINSTATEMENT 96-08^{KS}			
10. 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 contained in Chapter 119, 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:  Diane Insetta		Date 11/05/2008	(904) 731-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #