PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUN 17 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054468

1. Corporation Name
ART INTER, INC.

Principal Place of Business / Mailing Address
2340 PERIWINKLE WAY, SUITE J-3
SANIBEL ISLAND, FL 33957

REINSTATEMENT 97-98

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
NOT APPLICABLE	c/o ROBERT DUPRAS
Suite, Apt. #, etc.	Suite, Apt. #, etc. 835 LOUIS-RIEL
City & State	City & State SHERBROOKE, CANADA
Zip / Country	Zip J1L 2M8 / Country

4. Date Incorporated or Qualified To Do Business in Florida 07/14/95

5. FEI Number — [ ] Applied For [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for Certified Copy

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
PRES/SEC TRES/DIR	ROBERT DUPRAS	835 LOUIS-RIEL	SHERBROOKE, CANADA J1L 2M8

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

RATLIFF, ROBERT LEE III
2340 PERIWINKLE WAY, SUITE J-3
SANIBEL, FL 33957

9. Name and Address of New Registered Agent

Name: CHARLES R. MEADOR, JR.
Street Address (P.O. Box Number is Not Acceptable): 1661 ESTERO BOULEVARD, SUITE 16
Suite, Apt. #, Etc.: SUITE 16
City: FORT MYERS BEACH State: FL Zip Code: 33931

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 6/15/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] 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.

BUS: 1-819-563-0363
Res: 1-819-346-7012

SIGNATURE: X _____ June 5th 1998 ✓
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT DUPRAS