

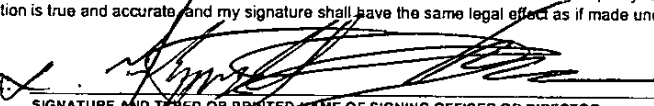


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W05000026271		05 JUN -9 11:38 REINSTATEMENT 03-05	
DOCUMENT # P95000075642					
1. Corporation Name SAFARI ART - LAND SEA AND SKY, INC.					
2. Principal Office Address 14200 SW 268TH STREET Suite, Apt. #, etc.		3. Mailing Office Address 14200 SW 268TH STREET Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida. 10/02/1995	
City & State HOMESTEAD, FLORIDA		City & State HOMESTEAD, FLORIDA		5. FEI Number 65-0616024 Applied For Not Applicable	
Zip 33032	Country USA	Zip 33032	Country USA	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 A. BERNARD FINANCIAL SERVICES ANTHONY BERNARD 300054749832					
Street Address (P.O. Box Number is Not Acceptable) 9032 SW 152ND STREET 05/18/05--01064--003 **1050.00					
Suite, Apt. #, Etc.					
City MIAMI				State FL	Zip Code 33157
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 05/09/2005 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	
PVST	FITZGERALD ALLEN	14200 SW 268TH STREET		HOMESTEAD FL 33032	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/9/05.	Daytime Phone #

CR2E081 (01/05)