



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000033504 1. Entity Name HARTMAN & COMPANY, FINE ART PUBLISHERS, INC.						FILED 05 OCT 10 PM 12:50 <i>900 NW 7th Street Road Miami, FL 33136</i>	
Principal Place of Business 2030 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33305-0000 <i>900 NW 7th STREET ROAD MIAMI FL 33136</i>		Mailing Address 2030 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33305-0000 <i>900 NW 7th STREET ROAD MIAMI FL 33136</i>				10052005 REIN-P CR2E098 (6/04)	
2. Principal Place of Business <i>900 NW 7th STREET ROAD MIAMI FL 33136</i>		3. Mailing Address <i>900 NW 7th STREET ROAD MIAMI FL 33136</i>		4. FEI Number 33-0538184		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State <i>MIAMI FL 33136</i>		City & State <i>MIAMI FL 33136</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Zip Country Zip Country	
6. Name and Address of Current Registered Agent HARTMAN, ERICA 2030 INTRACOASTAL DRIVE FORT LAUDERDALE, FL 33305-0000 <i>900 NW 7th ST ROAD MIAMI FL 33136</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTMAN, ERICA <input type="checkbox"/> Delete 2030 INTRA COASTAL DR FT LAUDERDALE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060457360 10/10/05--01077--004 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENTS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Erica Hartman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/10/05 <small>Date</small>		<small>Daytime Phone #</small>	