PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA PEPA ITM NO OF STATE **APPLICATION** FILED **FOR** 98 MAY 12 AM 8:51 REINSTATEMENT SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # P96000056782 1. Corporation Name art haus, inc. Principal Place of Business Mailing Address 9213 WOODRUN COURT 9213 WOODRUN COURT PENSACOLA FL 32514 PENSACOLA FL 32514 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, It Applicable Date Incorporated or Qualified To Do Business in Florida 07/01/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 9-339160 Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip GIROUX, MICHAEL J D 9213 WOODRUN COURT PENSACOLA FL 32514 PETRA L. GIROUX nos. SAME 900002522129--05/13/98--01091--005 ****315.88 ****315.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name **GIR**OUX, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 9213 WOODRUN COURT PENSACOLA FL 32514 Suite, Apt. #, Etc. City State Zip Code 10. In eling appointed the registered agent of the above gamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signatule of Registered Agent HEGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. on intangible tax.) Yes No 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 filling 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. 4/30/98 Date 850 484-802 O

Daylime Phone # SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ART HAUS, INC. 6235 N. Davis Hwy. Suite 116A Pensacola, Fl 32504 (850)479-6250

April 30, 1998

Dear Sir or Madam:

We are a new corporation that started in business during the third quarter of 1996, we were previously in a similar business as a partnership. I was unaware of the \$150.00 Annual Report Fee or the filings required for our corporation, and have not received any forms or invoices for this fee. I also checked with our accountant to see if I had forwarded the forms to him with any of my other tax forms. He has not received the forms either.

The reinstatement forms that I received I had filed to forward to our accountant, for him to complete with our tax information for the year. As per a telephone conversation today with a gentleman in your department I am sending a check for two years filing fees, along with the form I received.

I would like to request a review of our account for consideration of a waiver of the reinstatement fees. As a small business and first time corporation, I was unaware of what is required, and I don't believe I received the necessary forms.

Thank you for your assistance and consideration of this matter.

Sincerely,

Michael J. Giroux

Sec./Tres.