

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 DEC - 8 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000059425

1. Corporation Name

ART-EXPORTUM INC.
3741-NE 163 ST #155
MIAMI - FL - 33160

97AR

Principal Place of Business

Mailing Address

3741-NE-163 ST #155
Miami, FL - 33160.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3741-NE 163 ST
155
Miami FL
33160 Dade.

4. Date Incorporated or Qualified
To Do Business in Florida

07-15/96

5. FEI Number

65-0882769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PR	Paul Kennedy	3741-NE-163 ST #155	Miami, FL 33160

000002369470--6
-12/11/97--01056--008
****165.00 ****165.00

A. Alan
12/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
PAUL KENNEDY
Street Address (P.O. Box Number is Not Acceptable)
3741-NE-163 ST
Suite, Apt. #, Etc.
155
City
Miami
State
FL
Zip Code
33160

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

Paul Kennedy
REGISTERED AGENT MUST SIGN

Date 11-20-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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)(j), 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:

Paul Kennedy - Paul T Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-97 612-833-5197

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11-20-97

Att: Division of Corporations

I am enclosing the application for reinstatement of Art Emporium Inc.

As I explained to you over the phone, the forms were sent to the address of the Attorney who incorporated the Art Emporium Inc. and I was never given such application in order to comply with you.

I am enclosing the \$ 165 fee and I have changed the address and the Resident Agent so that we can have all correspondences in the future, directly.

Thank you

Paul Kennedy
President

3741 NE 163rd St - Suite 155
Miami, FL 33160
Phone 612 835 5197