

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074929

1. Corporation Name

THE ART OF EXPRESSIONS BY ERNESTO MULLER, INC.

2. Principal Office Address

15190 OLD CUTLER ROAD

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33158

Country

USA

3. Mailing Office Address

15190 OLD CUTLER ROAD

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33158

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/06/1996

5. FEI Number

65-0710378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERNESTO MULLER

Street Address (P.O. Box Number is Not Acceptable)

15190 OLD CUTLER ROAD

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33158

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 NOV-21-02

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
P	MULLER, ERNESTO	15190 OLD CUTLER ROAD	MIAMI FL. 33158
S	MULLER, SILVIA	15190 OLD CUTLER ROAD	MIAMI FL. 33158
T	MULLER, FREDDY	15190 OLD CUTLER ROAD	MIAMI FL. 33158

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

NOV-21-02

Date

305-710-4992

Daytime Phone #