

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 12 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000078991

1. Corporation Name

Do Art, Inc.

2. Principal Office Address

1070 Fairfax Lane

Suite, Apt. #, etc.

City & State

Weston, Florida

Zip

33326

Country

U.S.A.

3. Mailing Office Address

1070 FAIRFAX LANE

Suite, Apt. #, etc.

City & State

Weston FL

Zip

33326

Country

U.S.A.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

9/23/1996

5. FEI Number

59-3409232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carolina Gramage

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

1070 Fairfax Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

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

REGISTERED AGENT MUST SIGN

Date 09/09/2003

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
President	Juan J. Gramage	1070 Fairfax Lane	Weston, FL 33326
Vice-President	Beatriz E. Gramage	1070 Fairfax Lane	Weston, FL.33326

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:

Beatriz Gramage

9/9/2003

(954) 389-1442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29/16