PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN -3 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013908

1. Corporation Name
L'ARTCORP, INC

Principal Place of Business	Mailing Address
~~427 WASHINGTON AVE~~ ~~MIAMI BEACH, FL 33139~~	~~427 WASHINGTON AVE~~ ~~MIAMI BEACH, FL 33139~~

REINSTATEMENT 1999

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, If Applicable
529 S FLAGLER DR	529 S FLAGLER DR
Suite, Apt. #, etc.: UNIT 9-H	Suite, Apt. #, etc.: UNIT 9-H
City & State: W PALM BEACH, FL	City & State: W PALM BEACH, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/22/97

5. FEI Number: 65-0740943 ☐ 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
D	FORMISANO, SABINE	5401 COLLINS AVE/#1535	MIAMI BEACH, FL 33140
VPD	FORMISANO, LAURENT	5401 COLLINS AVE/#1535	MIAMI BCH, FL 33140
PD	FORMISANO, FREDRIC	5401 COLLINS AVE/#1535	MIAMI BCH, FL 33140
			900003091339--3 -01/14/00--01072--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

STEVE SINGER
801 NE 167th Street
SUITE 302
N MIAMI BEACH, FLORIDA 33162

9. Name and Address of New Registered Agent

Name: JACK LEVINE, CPA
Street Address (P.O. Box Number is Not Acceptable): 16855 NE 2nd AVENUE
Suite, Apt. #, Etc.: SUITE 303
City: NORTH MIAMI BEACH State: FL Zip Code: 33162

CR2E040 (1/96)

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: [signature] Date: 12/28/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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] Vice President Dec 29 /99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #