

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 17 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034642

1. Corporation Name

David Jones Fine Art Services, Inc.

2. Principal Office Address

3500 NW Boca Raton Blvd

3. Mailing Office Address

3500 NW Boca Raton Blvd

Suite, Apt. #, etc.

621

Suite, Apt. #, etc.

621

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/17/97

5. FEI Number

65-0745672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

David Jones

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

3500 NW Boca Raton Blvd

Suite, Apt. #, Etc.

#621

City

Boca Raton

State

FL

Zip Code

33431

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

David E Jones
REGISTERED AGENT MUST SIGN

Date 03/12/04

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
Owner	David Jones	3500 NW Boca Raton Blvd., Suite 621	Boca Raton, FL 33431

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

03/12/04

Date

561-347-7450

Daytime Phone #

CP2E081 (01/04)