					<u>.</u>	
REIN	PLEASE READ	FLORID	RUCTIONS A DEPARTMEN Sandra B. Mor Secretary of S VISION OF SPROOF	NT OF STATE tham state	1	ING THIS FORM.
DOCUMENT # P97000043786					98 DEC 18 AM 11: 10	
1. Corporation Name						
ARTE INTERNATIONAL, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Addr						
			LS STREET > HSCO-CA 94131			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				1		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address 3. New Mailing Offi					Date Incorporate     To Do Busin	orated or Qualified less in Florida
Suite, Apt. #, etc. Suite, Ap					5. FEI Number	05/16/1997
City & State Clearwater FL City & State			ie -		94-	- 33+ 0330 Not Applicable
Zip 33755 Country SA Zip		Zip	Country		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)  Name of Officers Street Address of Each						
Title(s) 1	and/or Directors Officer			icer and/or Director Post Office Box Nu		City / State / Zip
D	HORNE, JAMES	139 MANGELS STREET				SAN FRANCISCO CA 94131
,					80	00027205287 -12/23/9801038009 ****150.00 ****150.00
<del>- 1</del> -						
<b>\</b>					$\sim$	
	5 12/14/98 HV					
8. Name and Address of Current Registered Agent 9. Name and Address of New Regi						
4521 PGA BLVD. #211				Street Address (P.O. Box Number is Not Acceptable,  Ad Draw ge word Ave  Suite, Apt. #, Etc.		
city Clea					ir wate	State Zip Code FL 33755
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 REGISTERED AGENT MUST SIGN  Date 16 Nov 98						
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 filling 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.  813 -829-  SIGNATURE:						
SIGNATURE:						

Ţ