

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P97000077689</b>		<div style="text-align: right;">FILED CLERK OF STATE DIVISION OF CORPORATIONS 03 OCT -7 PM 2:26</div> <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT 1988-03</div>	
1. Corporation Name <b>Art "D" And Sons Corp.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 901 NE 23 COURT		9/5/1997	
Suite, Apt. #, etc.		3a. Date of Last Report	
22			
City & State		4. FEI Number	
23 POMPANO BEACH FL		<input checked="" type="checkbox"/> Applied For	
Zip		<input type="checkbox"/> Not Applicable	
24 33064	25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26	27	<input type="checkbox"/> \$5.00 May Be Added to Fees	
28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
30	31	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DANIELCZYK, GRZEGORZ 901 NE 23 COURT POMPANO BEACH, FL 33064		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DANIELCZYK, GRZEGORZ	<input type="checkbox"/> DELETE	
NAME	901 NE 23 COURT		
STREET ADDRESS	POMPANO BEACH, FL 33064		
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
300024009573			
10/22/03--01017--013 ***1500.00			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.			
SIGNATURE <i>[Signature]</i> 9/30/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			