

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000079015**

1. Corporation Name

AUTHENTIC ARTS PROMOTION INC

2. Principal Office Address

3751 SW 139th AVE

Suite, Apt. #, etc.

City & State

Hollywood

Zip

33027

Country

U.S.A
~~BROWARD~~

3. Mailing Office Address

3751 SW 139th AVE

Suite, Apt. #, etc.

City & State

FL.

Zip

33027

Country

U.S.A

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

SEPT. 10, 1997

5. FEI Number

65-0781503

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

VILMA OSBORNE

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

3751 SW 139th AVE

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33027

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*******900.00 *****900.00**

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

Vilma Osborne

Date **4-12-2000**

REGISTERED AGENT MUST SIGN

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
D	VILMA OSBORNE	3751 SW 139 th AVE	Hollywood, FL. 33027
D	STANLEY OSBORNE	3751 SW 139 th AVE	Hollywood, FL. 33027
D	ROBIE HARRIS	1400 ST. CHARLES ARBOR ⁵¹⁵	Hollywood, FL. 33026
D	MARUA WILSON	240 EAST 18 th ST APT 2G	BROOKLYN NY 11226

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., 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:

Vilma Osborne
VILMA OSBORNE

Date **4-12-2000**

(305) 620-6621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)