

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000088773

1. Corporation Name

WORK OF ART, INC.

Principal Place of Business

Mailing Address

22381 ELMIRA BLVD
PORT CHARLOTTE FL 33952

22381 ELMIRA BLVD
PORT CHARLOTTE FL 33952

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

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3152 Lena Lane

3152 Lena Lane

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Country

Zip

Country

34240

USA

34240

USA

5. FEI Number

65-0785370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	4 City / State / Zip
D	NOFFSINGER, ARTHUR	22381 ELMIRA BLVD 3152 Lena Lane	PORT CHARLOTTE FL 33952 Sarasota FL 34240

200003457942--
-11/09/00--01011--001
****150.00 ****150.0

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOFFSINGER, ARTHUR

22381 ELMIRA BLVD

PORT CHARLOTTE FL 33952

Name

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

3152 Lena Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

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

Arthur R. Noffsinger
REGISTERED AGENT MUST SIGN

Date 10/19/2000

11. 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:

Arthur R. Noffsinger Arthur R. Noffsinger 10/19/2000 941-392-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To; Florida Department Of State
From; Arthur Noffsinger (CEO)
Work Of Art Inc.
Re; Corporation Fee
October 14,2000

For the 2000 year Work Of Art Inc. did not receive the corporation renewal form needed to file. In April of 2000 we sent an e-mail to the division of corporation requesting the proper forms be sent out to 3252 Lena Lane Sarasota, Fl. 34240. As of Oct. 10, 2000, no forms or notices have been received by Work Of Art Inc. On Oct. 18, 2000, we received a call from the tenants at 22382 Elmira blvd. Port Charlotte Fl that our dissolution notice was in their mail.

Enclosed is a check for \$150.00 the amount of the initial filing fee we were told to send by your service department at (850) 487-6059.

If you have any questions please call me at (941) 342-6648

Thank You
Arthur R Noffsinger CEO

A handwritten signature in black ink, appearing to read "A. R. Noffsinger", with a long, sweeping horizontal line extending to the right.