

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 102

APPLICATION FOR
[REDACTED]

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

DOCUMENT # P97000091709

1. Corporation Name

DEVIL'S PLAY FINE ART, INC.

Principal Place of Business Mailing Address
25 NE 2ND AVE 777 E ATLANTIC AVE., SUITE Z-283
114 DELRAY BEACH FL 33483
DELRAY BEACH FL 33444

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
Suite, Apt. #, etc. Suite, Apt. #, etc.
917 BUCIDA RD #8
City & State City & State
DELRAY BEACH
Zip Country Zip Country
33483 P.B.

4. Date Incorporated or Qualified To Do Business in Florida 10/24/1997
5. FEI Number 65-0789531 Applied For Not Applicable
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHATZMAN, DAVID	777 E ATLANTIC AVE STE Z-283	DELRAY BCH FL 33483
			700004725607--1 -12/14/01--01004--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, Etc.	City	State	Zip Code
CORPORATE CREATIONS ENTERPRISES INC	4521 PGA BLVD #211			FL	

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 [Signature] Date 11.26.01
REGISTERED AGENT MUST SIGN

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: [Signature] DAVID SHATZMAN 11.26.01 561.279.9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAYC 2012

Devil's Play Fine Art, Inc
917 Bucida Rd, No.8
Delray Beach, FL 33483

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

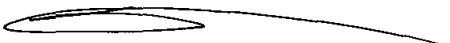
To Whom This May Concern

26 November 2001

Enclosed please find my APPLICATION FOR REINSTATEMENT and check for \$150.00. **I did not receive the Uniform Business Report** notice / form for the year 2001. I am requesting wavier of late fees.

I appreciate your help and consideration in this matter.

Sincerely,


David S. Shatzman