

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG 21 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000005730

1. Corporation Name

Queen of Arts, Inc

2. Principal Office Address - No P.O. Box #

1627 Brickell Avenue

Suite, Apt. #, etc.

Apt 1602

City & State

Miami, FL

Zip

33129

Country

USA

3. Mailing Office Address

1627 Brickell Avenue

Suite, Apt. #, etc.

Apt 1602

City & State

Miami, FL

Zip

33129

Country

USA

REINSTATEMENT 11-13

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/20/1998

5. FEI Number

65-0806350

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

Debra Gordon

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

1627 Brickell Avenue

Suite, Apt. #, Etc.

Apt 1602

City

Miami

State

FL

Zip Code

33129

300250933673
08/21/13--01033--003 **1050.00

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

Debra Gordon

REGISTERED AGENT MUST SIGN

Date June 4/2013

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
DP	Debra Gordon	1627 Brickell Avenue, Apt 1602	Miami, FL 33129

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Debra Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4 2013

Date

305-987-2111

Daytime Phone #