PI FASE READ	ALI INSTRUCTIO	NS BEFORE (COMPLETING, THIS FORM.
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State	7 674 47876 (\$49-)
DOCUMENT # P98000015141 1 Corporation Name ART & POSTERS WORLDWIDE, INC.			SECRETARY OF STATE
Principal Place of Business 721 S.E. 17 Street Ft Lauderdale, FL. 3331		le, FL. 333	16
1 above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, if Applicable 500 NE 3rd Street 500 NE 3rd Street		ss, If Applicable	4. Date Incorporated or Qualified Topo Business in Florida Topo Business in Florida Topo Busin
Suite. Apt. #. etc. Suite # 106 Suite # 106 City & State City & State			5. FEI Number Applied For
Hallandale FL. Zip Country 33009 Broward	Hallandale, I	FL. ountry Broward	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/o Name of Officers	or Director (Florida nonprofit co	rporations must list at lea	
Title(s) and/or Directors		Officer and/or Director OT Use Post Office Box N	dumbers) 4 City / State / Zip
D DUMAS Robert 500 NE 3rd Street # 106 Hallandale, FL. 33009			
			6000045405267 -08/17/0101076012 ***1100.00 ***1100.00
		THE STATE OF	37ATTWENT 99-81
			
8. Name and Address of Current Registered Agent LAMOTHE Fernand Name VIVIES			9. Name and Address of New Registered Agent
721 S.E. 17 Street Ft Lauderdale, FL. 3331	6		O. Box Number is Not Acceptable) Dania Beach Blvd
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.			
Registered Agent Date B 39 0 1			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)			
12. 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 AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			