

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR **99**
 REINSTATEMENT

FILED

99 DEC 10 PM 3:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **990000025295**

1 Corporation Name
UNCLE ART INC.

Principal Place of Business Mailing Address
**SAME 2543 Lee St.
 Hollywood Fla.
 33020**

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 04-15-1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0825937	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	René Drouin	2543 Lee St	Hollywood, Fla. 33020
			200003076662-8 -12/21/99--01060--012 ****750.00 ****750.00
REINSTATEMENT <u>99</u> TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
René Drouin 2543 Lee St Hollywood, Fla. 33020		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code 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 René Drouin Date **12-07-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: René Drouin Date **11-15-1999** Daytime Phone # **954-927-0968**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12/98)