APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 OCT 16 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p98000029252

1. Corporation Name

ART-A-GLOW, INC.

000008400900--0
-10/16/02--01061--005
***1050.00 ***1050.00

REINSTATEMENT 2800-2002

2. Principal Office Address
318 WORTH AVENUE
Suite, Apt. #, etc.

City & State
PALM BEACH, FL

Zip: 33480 Country: USA

3. Mailing Office Address
318 WORTH AVENUE
Suite, Apt. #, etc.

City & State
PALM BEACH, FL

Zip: 33480 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 3/27/98

5. FEI Number
65-9859458
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:
JOHN R. AMANN, JR.

Street Address (P.O. Box Number is Not Acceptable)
318 WORTH AVENUE
Suite, Apt. #, Etc.

City: PALM BEACH State: FL Zip Code: 33480

8. I being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 10/12/02

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
DPT	AMANN, JOHN R. JR.	318 WORTH AVENUE	PALM BEACH, FL 33480
SVS	AMANN, CYNTHIA C.	318 WORTH AVENUE	PALM BEACH, FL 33480

10. 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 all taxes 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 undersigned understands that the reinstatement application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] JOHN R AMANN JR. 10/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #