

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P98000029252**

1. Entity Name  
**ART-A-GLOW, INC.**



**FILED**

**09 SEP 24 AM 11:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business 318 WORTH AVENUE PALM BEACH, FL 33480	Mailing Address 318 WORTH AVENUE PALM BEACH, FL 33480
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**REINSTATEMENT**

09162009 REIN-P CR2E098 (1/07)

**08-09**

2. Principal Place of Business - No P.O. Box # <b>336 WORTH AVENUE</b>	3. Mailing Address <b>336 WORTH AVENUE</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>PALM BEACH, FLORIDA</b>	City & State <b>PALM BEACH, FLORIDA</b>
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4. FEI Number <b>65-0859458</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33480</b>	Country <b>USA</b>	Zip <b>33480</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELDIN, KEITH A  
1934 COMMERCE LANE STE 2  
JUPITER, FL 33458**

Name	
Street Address (P O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**KEITH A. SELDIN**

**9/23/09**

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT <b>AMANN, JOHN R JR</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	318 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH, FL 33480	

TITLE	DPST <b>AMANN, JOHN R., JR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	336 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH, FL 33480	

TITLE	DVS <b>AMANN, CYNTHIA C</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	318 WORTH AVENUE	
CITY-ST-ZIP	PALM BEACH, FL 33480	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>300161002213</b>	
CITY-ST-ZIP	<b>09/24/09--01032--006 **300.00</b>	

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**JOHN R. AMANN, JR.**

**9/23/09**

**(561) 832-6311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #