


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000040526**

1. Corporation Name

PAINTING BY ERAN INC.

Principal Place of Business

Mailing Address

14404 S. ROYAL COVE CIR.
DAVIE FL 33325

14404 S. ROYAL COVE CIR.
DAVIE FL 33325

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/04/1998

5. FEI Number

65-0838257

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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	4 City / State / Zip
P	LUGASSY, PROSPER	7451 TAM O' SHANTER BLVD.	N. LAUDERDALE FL 33068
P	Lugassy, Prosper	14404 S. Royal Cove Cir.	Davie, FL, 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LUGASSY, PROSPER A~~
~~6782 WOODLAND PT. DR.~~
~~TAMARAC FL 33319~~

Lugassy, Prosper A.
14404 S. Royal Cove Circle
Davie, FL. 33325

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 X

Date

11/20/01

REGISTERED AGENT MUST SIGN

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., 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

11/20/01 (954) 275-9225

CR2ED40 (8/01)

11/20/01

We did not receive letter
in January of 2001. We have
moved and all information
on reinstatement form is
now correct.

Thank you,

Painting By Eran, Inc.

P.S.

I enclosed 2 checks

\$150⁰⁰ for reinstatement
fee and \$875 for
certificate of Status