


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 # **P98000052887**

1. Corporation Name

ARTS MAGNA, INC.

Principal Place of Business

1221 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1998

5. FEI Number

65-0860714

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	HOLMES, STELLA M	1925 BRICKELL AVE., PH-9	MIAMI FL 33129

000004711120--8
-12/06/01--01026--005
****150.00 ****150.00

10/25

8. Name and Address of Current Registered Agent

HOLMES, STELLA M
1221 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name *Stella Holmes*

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

1221 Brickell Ave Suite 1070

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33131

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

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/01

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.

Stella Holmes
PRES.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

(305) 372-1411

CR2ED40 (8/01)

Arts Magna, Inc.

October 25, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Arts Magna, Inc Doc#P98000052887.

Dear Gentlemen:

Enclosed please find one application for reinstatement for the above referenced corporation that was administratively dissolved for failure to file annual report. Enclosed is a check for \$150 to cover the annual report fee. With respect to the reinstatement fee, I respectfully request that be waived. I have been in the process of a divorce this year and I believe that the original annual report was inadvertently misplaced with the substantial amount of paperwork given to various attorneys in the course of the divorce. I apologize for this oversight and appreciate you cooperation and understanding in this matter.

Should you have any questions, please do not hesitate to call.

Very truly yours,



Stella Holmes, President