PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP -4 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097995

1. Corporation Name
Vie & Art Collections, Inc.

2. Principal Office Address	3. Mailing Office Address
441 NE 195 Street	P.O. Box 530194
Suite, Apt. #, etc.: 304	Suite, Apt. #, etc.:
City & State: N. Miami Beach, FL	City & State: Miami Shores, FL
Zip: 33179 Country: USA	Zip: 33153 Country: USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/98

5. FEI Number: 65-0877133 ☐ 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

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-09/11/01--01001--031
****508.75 ****508.75

Name: Emile Viard
Street Address (P.O. Box Number Is Not Acceptable): 441 NE 195 Street
Suite, Apt. #, Etc.: #304
City: N. Miami Beach State: FL Zip Code: 33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Emile Viard
REGISTERED AGENT MUST SIGN
Date: 8/30/01

CR2E081 (9/00)

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
P	Emile Viard	441 NE 195 Street #304	N. Miami Beach FL 33179
T	Regine Mercier	12241 SW 113 Lane	Miami, FL 33186
S/V	Betty Sylvestre	661 NE 195 st. #210	N. Miami Beach FL 33179
M	Jean-Yves Viard	525 NE 107 St.	Miami FL 33161
S	Andre Guillaume	525 NE 107 St.	Miami, FL 33161

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., 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: Emile Viard EMILE VIARD 8/30/01 (305)759-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #