PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000053915**

1. Corporation Name

L'ESPRIT DES ARTS, INC.

Principal Place of Business

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Fillicipal Flace of business Making Aud			1033						
			1 N.E. 40TH (MIAMI FL 331						
		incorrect in any way, line the	•	information and enter correction below.		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. #,			etc. 4		10 DO Busii	06/	11/1999		
City & State City & State			my FL		5. FEI Number	65-0927090	Applied For Not Applicable		
Zip		Country	zip よろえ	©1 Country		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) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
PD .	DUMAY, JAMES			1 N.E. 40TH ST., STE.4			MIAMI FL 33138		
VD	ALMEDA-DUMAY, MAGALIE			1 N.E. 40TH ST., STE.4		MIAMI FL 33138			
							0004769020 9 -01/11/0201059025 ****700.00 ****700.00		
						80	00047698 -81/11/0291 ******50.00	3289 053026 *****50.00	
				•					
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name				
1 N.E.	A-DUMAY, 1 40TH ST., S FL 33138		-	Same	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. # 503 City State Zip Code, 1				
10 I boles									
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 Date									

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11. I certify that I am an officer or director or the receiver on trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.