

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000061981

1. Corporation Name

MEGA FINE ART, INC.

APPROVED
AND
FILED
06 APR 28 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500073995175
05/04/06--01024--013 **900.00

REINSTATEMENT 01-06

CR2E081 (12/05)

2. Principal Office Address

12585 NE 7TH AVE

3. Mailing Office Address

12585 NE 7TH AVE

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-13-1999

5. FEI Number

65-0933420

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

Name

OMAR DIAZ

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

12585 NE 7TH AVE

Suite, Apt. #, Etc.

Suite 100

City

NORTH MIAMI

State

FL

Zip Code

33161

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

REGISTERED AGENT MUST SIGN

Date **APRIL 26, 2006**

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
PD	OMAR DIAZ	12585 NE 7TH AVE - Suite 100	NORTH 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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2006

Date

Daytime Phone #

4/28/06