2008 UNIFORM BL OCCUMENT # P9900 Entity Name Art Enterpris		<u>_</u>	BR)	J	Sec	FIL 4, 200 retary	3 8: 7 of S	
incipal Place of Business 1025 W. S.R. 434	Mailing Address							
Winter Springs FL 32708								
Principal Place of Business	3. Mailing Address	de Cia	١٥					
Suite, Apt. #. etc.	Suite, Apt. #. etc.	or (r) Circ	<u></u>		DO NO	WRITE IN THE	S SPACE	
City & State	City & State Lake Mary	FL		4. FEI Number 59 · 3(	~~~~~		<del></del>	Applied For Not Applicable
Zip Country	32746	Country		5. Certificate of			\$8.75 A	dditional
6. Name and Address of Curr		MOPI		7. Name and Ad	dress of N	ew Registered	<del>-</del>	
<u></u> '	FL 32708  If for the purpose of changing its perhand title if applicable.  IDIE: FILE NOW!  After MAY 1, 20  Make Check Payab  NO DIRECTORS  L 32708  L 32708  L 32708  L 32708	City \( \) registered office ( Registered Agent signs IN FEE IS \$150, 00 Fee will be \$ lie to Departmen  12.  IIILE	Address (File ake for registere to the control of State ake for a state ake for registere to the control of State ake for a st	then reinstating)  10. Election  Trust Fr	n Campaigund Contrib	FI CIPCLE  OFFICERS AND  CIPCLE  32746	\$5.1 Adde  Director  Change	DVPS
E ET ADDRESS ST 319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			+ د يو سست	<u></u>	Change	Addition
E EY ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>				Change	Addition
TADORESS Strain	, Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			<del></del>		☐ Change	☐ Addition
1 (2007) (30) Wilder	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
Fereby certify that the information supplied with nordated on this report or supplemental report of the corporation or the receiver or trustee emplified and corporation or the receiver of the corporation of the receiver of	is true and accurate and that my sowered to execute this report as	signature shall ha required by Chap	ve the sam	e legal effect as if i orida Statutes: and	made unde that my na	costb. that Lan	ran officer o Block 11 or f	or director Block 12 if

Attachment 10110011

ART ENTERPRISES OF ORLANDO, INC 726 LAKEWORTH CIRCLE LAKE MARY, FL 32746

JULY 10, 2003

Secretary of State Division of Corporation P.O.Box 6327 Tallahassee Fl 32314

Ref:-

Document #P99000087098 EIN: -59-3600627 Waiver of penalty

Dear Sir/Madam,

With reference to above, I undersigned THAKKER HIMANSHU, President of ART ENTERPRISES OF ORLANDO, INC. would like to request you to waive the penalty for non-payment of Annual Filing Fees for 2003 on the following grounds.

I never received the Annual Filing Form for 2003, as we changed our mailing address from the old address, and/or may be lost in the mail and/or delivered back to you, which was not forwarded to us. Unfortunatley, I never realized that I did not pay the annual filing fee for 2003 as I did not received the Filing Form for the year 2003. I made a mistake due to lack of knowledge and information & unavoidable circmustances. I would like to request you to waive the penalty on the basis of lack of knowledge, information and misunderstandings.

I am enclosing herewith the check of \$150.00 being an annual filing fee for 2003 as an exceptional case. I assure you that this is not going to happen in the future, if I will receive the Form on or before due date. Please waive the penalty on the basis of lack of knowledge, information, misunderstanding and undue hardship in this bad economy. Thanking you in advance for your cooperation. Sorry for the inconvenience that caused to you. Sincerely,

THAKKER HIMANSHII)

encl: - as above Ck of \$150