


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 MAY -6 AM 11:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>584046</u>				
1. Corporation Name <u>AMBROSINO FINEART GALLERY, INC.</u>				
2. Principal Office Address <u>769 NE 125 STREET</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>769 NE 125 STREET</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>NORTH MIAMI, FL</u>		City & State <u>NORTH MIAMI, FL</u>		
Zip <u>33161-5611</u>	Country <u>U.S.A.</u>	Zip <u>33161-5611</u>	Country <u>USA</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>9/30/91</u>
5. FEI Number <u>65-0295608</u>				Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent				
Name <u>GENARO AMBROSINO</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>1800 PURDY AVENUE</u>				
Suite, Apt. #, Etc. <u># 1808</u>				
City <u>MIAMI BEACH</u>			State <u>FL</u>	Zip Code <u>33139-1457</u>
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 <u>Geno Abi</u>		Date <u>APRIL 29, 2004</u>		
REGISTERED AGENT MUST SIGN				
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	
<u>D.</u>	<u>GENARO AMBROSINO D'AMICO</u>	<u>1800 PURDY AV. #1808</u>	<u>MIAMI BEACH, FL 33139</u>	
<u>D.</u>	<u>MICHELE AMBROSINO</u>	<u>SAME</u>	<u>SAME</u>	
<u>D.</u>	<u>ROSANNA AMBROSINO</u>	<u>SAME</u>	<u>SAME</u>	
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: <u>Geno Abi</u>		APRIL 29, 2004 <u>305 8915577</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

CFR2001 (01/04)