

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 26 AM 7:50

DOCUMENT # S94739

1. Corporation Name

International Art Promotion, Corp.

2. Principal Office Address

4105 Monserate Street

Suite, Apt. #, etc.

City & State

Coral Gables FL 33146

Zip

33146

Country

USA

3. Mailing Office Address

21 SE 1st Ave

Suite, Apt. #, etc.

10 th Floor

City & State

Miami FL 33131

Zip

33131

Country

USA

REINSTATEMENT 05-06
CR2E08 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/18/1991

5. FEI Number

65-0297257

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

David J. Hart Esq.

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

21 SE 1st Ave, 10th FL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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 09/07/2006

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
P, D	Daniel Chiroussot-Chambeaux	4105 Monserate Street	Coral Gables FL 33146

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

Date

Daytime Phone #

B. Mitchell

SEP 26 2006