


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 22 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name
Solutions Artisan Enterprises Inc, P03000027912

2. Principal Office Address 1360 ne 151st		3. Mailing Office Address 1360 ne 151st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami Bch, FL		City & State North Miami Bch, FL	
Zip 33162	Country USA	Zip 33162	Country USA

CR2E081 (12/05) 04-05

4. Date incorporated or Qualified To Do Business in Florida 03/10/2003

5. FEI Number 75-3125076

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional fee required for a Certificate of Status.

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name Rodney Verdiner

Street Address (P.O. Box Number is Not Acceptable) 1360 ne 151st 400075548494 05/31/06--01015--025 **458.75

Suite, Apt. #, Etc.

City North Miami Beach State FL Zip Code 33162

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 Rodney Verdiner Date 4-27-2006

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
P	Rodney Verdiner	1360 ne 151st	N. Miami Bch/FL/33162

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: Rodney Verdiner Rodney Verdiner 4-27-06 (786) 487-0747

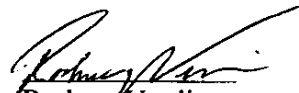
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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To whom it may concern,

I Rodney Verdiner, President of Solutions Artisan Enterprises Inc, document # P03000027912 have never received any Annual report notices during or after the year of dissolution/revocation. I sincerely hope this letter is sufficient in getting the reinstatement fee waived.

Thank you for your attention to this matter.


Rodney Verdiner