

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 22 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000042241

1. Corporation Name

ART-LINES, INC.

2. Principal Office Address

5700 Coach House Circle

Suite, Apt. #, etc.

#F

City & State

Boca Raton

Zip

33486

Country

USA

3. Mailing Office Address

5700 Coach House Circle

Suite, Apt. #, etc.

#F

City & State

Boca Raton

Zip

33486

Country

USA

**REINSTATEMENT 01-05**

4. Date Incorporated or Qualified To Do Business in Florida

07/24/95

5. FEI Number

650597341

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

Joanne Rothschild

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

5700 #F Coach House Circle

Suite, Apt. #, Etc.

(#F)

City

Boca Raton

State

FL

Zip Code

33486

500049078255

03/24/05--01005--018 \*\*1350 00

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

Joanne Rothschild

REGISTERED AGENT MUST SIGN

Date

3/14/05

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      | } <u>Joanne Rothschild</u>        | <u>5700 #F Coach House Circle</u>              | <del>DOC 4500453 1003058135</del> |
| T      |                                   |  | <del>DEFICIT ONLY 300.00</del>    |
| V      |                                   |  | <del>02/24/05 01005 01</del>      |
| S      |                                   |  | <u>Boca Raton, Fla.</u>           |
|        |                                   |  | <u>33486</u>                      |
|        |                                   |  | <u>JB 3/22</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:

Joanne Rothschild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05

Date

561-394-0504

Daytime Phone #

CR2E081 (10/02)