PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 26 PM 3:41

DOCUMENT # S08347

1. Corporation Name

Artful Designs, Inc.

REINSTATEMENT 91-97
SP

Principal Place of Business	Mailing Address
1831 West 23rd Street Miami, FL 33140	1831 West 23rd Street Miami, FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.: Audrey A. Miranda
13033 S.W. 63rd ct
City & State: Miami, Florida
Zip: 33156 Country: U.S.A.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: Audrey A. Miranda
13033 S.W. 63rd ct
City & State: Miami, Florida
Zip: 33156 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: October 17, 1990

5. FEI Number: 650268449 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	Audrey A. Miranda	13033 S.W. 63rd ct.	Miami , Fl 33156
Treasurer	Audrey A. Miranda	13033 S.W. 63rd ct	Miami, Fl 33156
Secretary	Audrey A. Miranda	13033 S.W. 63rd ct	Miami, Fl 33156
Vice-President	-Vacant-	N/A	N/A

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8. Name and Address of Current Registered Agent

Steven Simon
21 SE 1st Avenue
Tenth Floor
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name: Raymond L. Robinson, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1501 Venera Ave.
Suite, Apt. #, Etc.: Suite 300
City: Coral Gables
State: FL Zip Code: 33146

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 12/19/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: [signature] Audrey A. Miranda 12/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #