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
96 OCT 31 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 466735

1. Corporation Name

**ARTISTIC INTERIORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| U. S. HIGHWY 27 NORTH<br>SEBRING FLORIDA 33870 | U. S. HIGHWY 27 NORTH<br>SEBRING FLORIDA 33870 |

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

**REINSTATEMENT** 9l

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/1974

5. FEI Number: 59-1566731 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 |
|---|---|---|---|
| DVT | ATHOS, BERKLEY B. | 2010 FLAMINGO DR. | SEBRING, FL 33870 |
| DP | ATHOS, THOMAS P | 2010 FLAMINGO DR | SEBRING, FL 33870 |
| | | | 700001998327--2<br>-11/07/96--01005--026<br>*****138.75 *****138.75 |
| | | | 700001998327--2<br>-11/07/96--01005--027<br>*****236.25 *****236.25 |
| | | | JB 11-4-96 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| MAVRICK, THEODORE P.<br>2601 EAST OAKLAND PARK BOULEVARD<br>FORT LAUDERDALE FLORIDA 33306 | Name: SAME<br>Street Address (P.O. Box Number is Not Acceptable): 1410 E. BROWARD BLVD, SUITE 110<br>Suite, Apt. #, Etc.: SUITE 110<br>City: FT LAUDERDALE FL<br>State: FL Zip Code: 33301 |

CR2E040 (7/96)

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 REQUIRED Date: SEPT. 23 1996

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 REQUIRED THOMAS P. ATHOS 9-48-96 941-385-5048

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

FP