


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # 466735

00 NOV -9 PM 6:30

1. Corporation Name

ARTISTIC INTERIORS, INC.

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

U. S. HIGHWAY 27 NORTH
 SEBRING FLORIDA 33870

515

U. S. HIGHWAY 27 NORTH
 SEBRING FLORIDA 33870



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/30/1974	
City & State		City & State		5. FEI Number	
Zip		Country		59-1566731	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVT	ATHOS, BERKLEY B	2010 FLAMINGO DR.	SEBRING FL 33870
DP	ATHOS, THOMAS P	2010 FLAMINGO DR	SEBRING FL 33870

700003490917--9
 -12/07/00--01068--003
 *****750.00 *****750.00

Handwritten initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATHOS, THOMAS P.
 515 US 27 NORTH
 SUITE 110
 SEBRING FL 33870

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

Handwritten Signature
 REGISTERED AGENT MUST SIGN

Date 11-4-01

11. 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:

Handwritten Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-01
 Date

863-385-5948
 Daytime Phone #

CR2ED40 (8/00)