

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 AM 10:36

DOCUMENT # **636738**

1. Corporation Name

ARTMIL, INC.

2. Principal Office Address - No P.O. Box #

4606 Marsh Hawk Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Zip
32082

Country

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

1979

5. FEL Number
59-1932432

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
Scott Skjordahl

Street Address (P.O. Box Number is Not Acceptable)
4606 Marsh Hawk Place

Suite, Apt. #, Etc.

City
Ponte Vedra Beach

State
FL

Zip Code
32082

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Scott Skjordahl
REGISTERED AGENT MUST SIGN

Date **10/12/2007**

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, S, T & D	Scott Skjordahl	4606 Marsh Hawk Place	Ponte Vedra Bch, FL 32082

REINSTATEMENT

99-07

B 10/19/07

1001 10876071
10/17/07--01012--010 **1950.00

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:

Scott Skjordahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2007

Date

Daytime Phone #