

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666081

1. Corporation Name
Artie's Footers Inc

2. Principal Office Address
5265 Ray dr
Suite, Apt. #, etc.

3. Mailing Office Address
5265 Ray dr
Suite, Apt. #, etc.

City & State
Spring Hill FL 34607
Zip Country
34607 U.S

City & State
Spring Hill, FL
Zip Country
34607

700036999597
05/21/04--01084--009 **1815.00
94-04

4. Date Incorporated or Qualified To Do Business in Florida 1980

5. FEI Number 59-183187-5
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 Art Nugeness
Street Ac 5265 Ray dr
Suite, Ap.
City Spring Hill
State FL Zip Code 34607

REINSTATEMENT

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 Art Nugeness
REGISTERED AGENT MUST SIGN Date 5-17-04

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
Pres	Arthur Nugeness	5265 Ray dr	Spring Hill FL 34607
Vice pres	Karen Nugeness	5265 Ray dr	Spring Hill FL 34607
Sec.	Karen Nugeness	5265 Ray dr	Spring Hill, FL 34607

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: Art Nugeness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5-17-04
Daytime Phone # 352-596-7432

CR2E081 (10/02)

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TO WHOM IT MAY CONCERN

PLEASE WAIVE THE \$600.00 REINSTATEMENT FEE
DUE TO THE FACT THAT I NEVER RECEIVED THE
STATEMENT IN THE MAIL BECAUSE IT WAS BEING
MAILED TO AN INCORRECT ADDRESS SINCE 1994. I
CALLED TO INFORM YOU THAT I HADN'T RECEIVED A
STATEMENT AND CORRECTED MY ADDRESS. I NOW HAVE
A STATEMENT THAT WAS MAILED TO ME AT MY
CORRECT ADDRESS.

THANK YOU FOR YOUR COOPERATION,

Karen Augeness

KAREN AUGENESS ... ARTIES FOOTERS SECRETARY