

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

689105

1. Corporation Name

ARTURO PRODUCTIONS OF FLORIDA INC

**REINSTATEMENT** 03

100024449731

11/05/03--01046--020 \*\*750.00

2. Principal Office Address

4326 70<sup>th</sup> Court N

Suite, Apt. #, etc.

3. Mailing Office Address

4326 70<sup>th</sup> Court N

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip Country

33404 U.S.A.

City & State

Riviera Beach, FL

Zip Country

33404 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1989 APPROX

5. FEI Number

#59-2068387

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

Edith G. Scott

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

Riviera Beach

State  
FL

Zip Code

33404

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

Edith G. Scott  
REGISTERED AGENT MUST SIGN

Date 11/3/03

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

Edith G. Scott

4326 70<sup>th</sup> Court N

Riviera Beach FL

33404

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:

Edith G. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03

Date

561-863-8209

Daytime Phone #

CR2E081 (10/02)