

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000000346

1. Entity Name
ART & ARTIFACT, INC.



06 OCT 12 11 53

Principal Place of Business
5581 HUDSON INDUSTRIAL PARKWAY
HUDSON, OH 44236

Mailing Address
5581 HUDSON INDUSTRIAL PARKWAY
HUDSON, OH 44236

Handwritten signature

SECRET
TALL



REINSTATEMENT 2006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
34-1766165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

of ART, INC.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTC
FLORIAN, JARED S
5445 46TH COURT WEST
BRADENTON, FL 34210

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400080880294
10/16/06--01048--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
JACKSON, ROBERT
5581 HUDSON INDUSTRIAL PARKWAY
HUDSON, OH 44236

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #