

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000006602**

1. Corporation Name

INDUSTRY ARTISTS LTD., INC.

Principal Place of Business

**3620 NE 2ND AVE
MIAMI FL 33137**

Mailing Address

**3620 NE 2ND AVE
MIAMI FL 33137**

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

2. New Principal Office Address, If Applicable

236 W. 27th St

Suite, Apt. #, etc.

4th FLOOR

City & State
NEW YORK City, NY

Zip

10001

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1999

5. FEI Number

58-2509589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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
CP	CIFARELLI, MICHAEL	236 W 27 ST 4th FLOOR	NEW YORK NY 10001

800009394318
12/06/02--01023--008 **750.00

B 12/10

8. Name and Address of Current Registered Agent

**GUSTAFSON, D.
690 SE 15 ST
#201
DANIA FL 33004**

9. Name and Address of New Registered Agent

Name **Michael Cifarelli**
Street Address (P.O. Box Number is Not Acceptable)
90 3616 NE 2nd Avenue
Suite, Apt. #, Etc.

City **Miami**

State **FL**

Zip Code **33137**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/27/02**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/02

Daytime Phone #

CR2E0-0 (8/02)