

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F99000006602

1. Corporation Name

INDUSTRY ARTISTS LTD., INC.

Principal Place of Business

236 W 27TH ST
4TH FLOOR
NEW YORK NY 10001

Mailing Address

236 W 27TH ST
4TH FLOOR
NEW YORK NY 10001

REINSTATEMENT 03



800023850988

10/17/03--01032--025 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

City / State / Zip
4

CP

CIFARELLI, MICHAEL

236 W 27TH ST 4TH FLOOR

NEW YORK NY 10001

8. Name and Address of Current Registered Agent

CIFARELLI, MICHAEL
C/O 3616 NE 2ND AVENUE
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

Michael Cifarelli

Street Address (P.O. Box Numbers Not Acceptable)

3616 NE 2nd Ave

Suite, Apt. #, etc.

Ground Floor

City

Miami

State Zip Code

FL 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

Date

11/20/03

REGISTERED AGENT MUST SIGN

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:

Michael Cifarelli Pres

Date

10/10/03

Daytime Phone #

2127270644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IA

10.10.2003

Department of State
Division of Corporations

To whom it may concern:

Please accept this letter as note that
I never received the two forms sent out
early this year, and that is why I have
not filed my 2003 corporation annual report/
uniform business report.

Ref: # F99000006602

Industry Artists LTD., INC.

Michael Cifarelli
mcfallr