PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS FILED DOCUMENT # G57928 (3511 25 PH 1: 53 1. Corporation Name Artic Enterprise, Inc. STATE EET THASSEL, MICHIDA Principal Place of Business Mailing Address 375 12th Avenue, S. Naples, FL 34102 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 Date Incorporated or Qualified To Do Business in Florida 9/1/83 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FELNumber Applied For City & State City & State 59-2434094 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zio Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip 375 12th Ave., S. 34102 Naples, FL Joseph Garibaldi P 600002756636-- -01/27/99--01072--021 ***1<u>800.00</u> ***1800.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Joseph Garibaldi 375 12th Avenue, S. Street Address (P.O. Box Number is Not Acceptable) Naples, FL 34102 Suite, Apt. #, Etc. City State Zip Code named corporation, of familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed Signature of Registered Agen REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes D No 🔯 Intangible Personal Property Tax due June 30. 12. 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 £17, 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 pames 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: Daytime Phone #