

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L01444**

1. Corporation Name

**SECUNDUM ARTEM INC.**

Principal Place of Business

Mailing Address

850 N FEDERAL HWY  
POMPANO BEACH FL 33062  
US

950 N FEDERAL HWY  
SUITE 100  
POMPANO BEACH FL 33062  
US

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

07/05/1989

SP

5. FEI Number

65-0133347

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
VS	SCHUR, DANIEL C	6339 NW 66 WAY	PARKLAND FL 33067
PT	SCHUR, JOYCE T	6339 NW 66 WAY	PARKLAND FL 33067
			600003065116--4
			-12/09/99--01041--003
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHUR, J T  
950 N FEDERAL HWY SUITE 100  
#224  
POMPANO BEACH FL FL 33062

Name

J. T. SCHUR

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

950 N. FEDERAL HWY

Suite, Apt. #, Etc.

# 100

City

POMPANO BEACH

State

FL

Zip Code

33062

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/5/99

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 807 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 807.0401 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

951/943-8211