

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000098049

1. Limited Liability Company's Name

ARTANICA, LLC

2. Principal Office Address - No P.O. Box #

6063 WALNUT HILL DR

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

US

3. Mailing Office Address

6063 WALNUT HILL DR

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida **10/06/06**

6. FEI Number

26-4295094

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NORBERT KOZMA

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

6063 WALNUT HILL DR

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33467

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

2/29/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NORBERT KOZMA	6063 WALNUT HILL DR	LAKE WORTH, FL 33467

REINSTATEMENT 07-09
DB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date **2/20/09**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Norbert Kozma

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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