

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

01 SEP 24 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L89514

1. Corporation Name

ARTISTIC ACCENTS INC.

2. Principal Office Address

2901 N.W. COMMERCE PARK DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33426

Country

Zip

SAME

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1990

5. FEI Number

65021-2151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JODI LOGAN

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

2901 N.W. COMMERCE PARK DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Jodi Logan, President

REGISTERED AGENT MUST SIGN

Date 8/28/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	JODI LOGAN	11463 SEA GRASS CIRCLE BOCA RATON, FL 33498	
VICE PRESIDENT	RONN LOGAN	11463 SEA GRASS CIRCLE BOCA RATON, FL 33498	
	201-25-AR		
	10-00-ARART		
	88-75-ARSUPP		00-01UBR 78

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jodi Logan, President

8/28/01

Date

561-547-7727

Daytime Phone #

CR2E081 (9/00)