

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 2:46.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L89514

1. Corporation Name

ARTISTIC ACCENTS, INC.

Principal Place of Business

2901 NW COMMENCE PARK DR  
BOYNTON BEACH FL 33426  
US

Mailing Address

2901 NW COMMENCE PARK DR  
BOYNTON BEACH FL 33426  
US

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

2. New Principal Office Address, If Applicable

2901 N.W. COMMERCE PARK DRIVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PARK DRIVE  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/1990

5. FEI Number

65-0212151

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
P	LOGAN, JODI	<del>11463 SEAGRASS CIRCLE</del>	<del>BOCA RATON FL 33498</del>
V	LOGAN, RONN	11463 SEAGRASS CIRCLE	BOCA RATON FL 33498
		4699 GLENEAGLES DRIVE	BOYNTON BEACH FL 33436

8. Name and Address of Current Registered Agent

LOGAN, JODI  
2901 NW COMMENCE PARK DR  
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700008753057  
11/01/02-01029-010-#150.00  
State Zip Code  
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 561-547-7227

DEAR SIRs:

ENCLOSED IS A CHECK AS  
PER OUR CONVERSATION OF  
\$150.<sup>00</sup> WE HAVE BEEN  
IN BUSINESS FOR 12 YEARS  
AND HAVE NEVER HAD A PROBLEM  
WITH CORPORATE REINSTATEMENT  
TILL THE LAST 2 YEARS.  
OUR MAIL HAS NOT BEEN  
REACHING US... I BELIEVE DUE  
TO A SPELLING ERROR ON  
YOUR PART.

PLEASE CORRECT  
THIS AND REINSTATE US.  
THANK YOU!!!

JOJO LOGAN  
PRESIDENT

