

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000003756

1. Corporation Name

ART TEMPLE ACADEMY, INC.

Principal Place of Business

7141 INDIAN CREEK DR
MIAMI BCH FL 33141

Mailing Address

600-88ST
SURFSIDE FL 33154

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 NOV -6 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

REINSTATEMENT 03



500024490025
11/06/03--01050--025 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2002

5. FEI Number

11-3664754

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DIR	MARIVANA VISCUSO	600-88ST.	Surfside FL 33154
DIR	MARIA GLORIA LLORENS	8300 Hatworne ave	Miami Beach FL 33141
DIR	LUELLE LLORENS	600-88ST #1	Surfside FL 33154
AG	MARIVANA VISCUSO	AS ABOVE	

8. Name and Address of Current Registered Agent

VISCUSO, MARIVANA
600-88ST
SURFSIDE FL 33154

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 11.1.03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.1.03 305-8665566
Date Daytime Phone #

CR2E040 (7/03)

To The Secretary of State of Florida Department of State
Glenda E. Hood

This letter is to let you know
that we do not received the two
prior uniform business report (UBR)
notices, and To ask you
Please reinstate the activity of
the non profit corp. ART TEMPLE ACADEMY INC.
and waive the reinstatement fee ~~penalty~~
I am including a check of \$61.25

Thanks

Monter V. Pears