

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02000007735**

1. Corporation Name

**ARTS ON THE WAY, INC.**

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

**1245 SW 90TH AVENUE**

Suite, Apt. #, etc.

3. Mailing Office Address

**1245 SW 90TH AVENUE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33174**

Country

**USA**

Zip

**33174**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/08/2002**

5. FEI Number

**05-0534789**

☐ 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

**ROBERTO LOZANO**

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

**1245 SW 90TH AVENUE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33174**

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

REGISTERED AGENT MUST SIGN

Date **10/8/10**

**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
P	ROBERTO LOZANO	1245 SW 90TH AVENUE	MIAMI, FL 33174

10. E-mail Address: **ARTSOTW@GMAIL.COM**

(To be used for future annual report notification)

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. Further certify, 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

**10/8/10**

Date

**305-567-3402**

Daytime Phone #

**FILED**

**10 OCT 28 AM 11:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900187197419  
10/28/10--01036--002 \*\*\*236.25

**REINSTATEMENT**

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