

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 PM 12:46

DOCUMENT # NO 5000006981

1. Corporation Name

THE ARTISAN CONDOMINIUM, INC

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

9 NORTH O ST

3. Mailing Office Address

9 NORTH O ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

400180282134
05/04/10--01052--015 **150.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7/6/2005

5. FEI Number

202954496

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

KEVIN LIPTON

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

9 NORTH O ST

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 reinstatement fee be waived.

400180282134

05/17/10--01060--011 **208.75

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

4-29-10

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	KEVIN LIPTON	9478 WEST OLYMPIC BLVD	BEVERLY HILLS, CA 90212

REINSTATEMENT 08-10

10. E-mail Address:

RUFFWORK @ BELL SOUTH.NET

(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, I 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

Date

4-29-10

Daytime Phone #

545403979