

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000012894

1. Corporation Name

Artistic Awakenings, Inc.

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

3550 Biscayne Blvd.

Suite, Apt. #, etc.

304

City & State

Miami, Florida

Zip

33137

Country

USA

3. Mailing Office Address

3550 Biscayne Blvd.

Suite, Apt. #, etc.

304

City & State

Miami, Florida

Zip

33137

Country

USA

FILED

2008 MAR -4 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 12/19/2006

5. FEI Number
51-0616777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven J. Zorn

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

1671 NE Miami Gardens Drive

Suite, Apt. #, Etc.

Apt. 249

City

North Miami Beach

State

FL

Zip Code

33179

☐ The 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.

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

Steven J. Zorn
REGISTERED AGENT MUST SIGN

Date February 29, 2008

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
D Chair	Steven Saenz	337 NE 168 Street	North Miami Beach, FL 33162
D	Jessenia Ortiz	12744 SW 51 Court	Miramar, FL 33027
D	Jacob Gill	7927 SW 101 Street #E205	Miami, FL 33156

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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 contained in Chapter 119, 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:

Steven Saenz

Steven Saenz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-29-08

Daytime Phone #

3/60