

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUL 22 PM 12:44

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29617

1. Corporation Name

MARTI ARTISTIC REPERTORY THEATER, INC

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

11855 S.W. 18th Terr #68

Suite, Apt. #, etc.

#68

3. Mailing Office Address

11855 SW 18th Terr #68

Suite, Apt. #, etc.

#68

City & State

Miami FL 33175

Zip

Country

City & State

Miami FL 33175

Zip

Country

REINSTATEMENT 09-13

4. Date Incorporated or Qualified

Do Business in Florida 12/8/1988

5. FEI Number

65-0094545

Applied For

Not Applicable

* CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TANIA LAZO

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

11855 S.W. 18th Terr #68

Suite, Apt. #, Etc.

APT# 68

City
MIAMI

State
FL

Zip
33175

JUL 22 2013

S. PRATHER

000248708000
08/07/13--01019--003 **490.00

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

Tania Lazo

Date 7-15-13

REGISTERED AGENT MUST SIGN

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	TANIA LAZO	11855 SW 18th Terr #68	MIAMI FL 33175
V	TANIA LAZO	4100 S.W. 102 Ave.	Miami, FL 33165

REINSTATEMENT
2009-13

S. HAWKES

JUN 4 2013

10. E-mail Address: artworldfl@gmail.com

(To be used for future annual report notification)

EXAMINER

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tania Lazo

V 5/30/13

786-357-1476