PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -6 PM 12:18

DOCUMENT # **N94000002724**

1. Corporation Name

ART.FACTORY, INC.

Principal Place of Business	Mailing Address
3300 N.E. 26TH AVE. LIGHTHOUSE POINT FL 33064	3300 N.E. 26TH AVE. LIGHTHOUSE POINT FL 33064

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
700 EAST ATLANTIC BLVD	700 EAST ATLANTIC BLVD
Suite, Apt. #, etc.: SUITE 103	Suite, Apt. #, etc.: SUITE 103
City & State: POMPANO BEACH FLORIDA	City & State: POMPANO BEACH FLORIDA
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/1993

5. FEI Number: 65-0418120 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~PSTD~~	~~BASS, HERBERT~~	~~3300 N.E. 26TH AVE.~~	~~LIGHTHOUSE POINT FL 33064~~
~~CD~~	~~RUNTE, PATRICIA E~~	~~3300 N.E. 26TH AVE.~~	~~LIGHTHOUSE POINT FL 33064~~
~~D~~	~~LAPOLLA, JACQUILINE A~~ ~~J. ROBERT LAPOLLA~~	~~3300 N.E. 26TH AVE.~~ ~~700 EAST ATLANTIC~~	~~LIGHTHOUSE POINT FL 33064~~
P	BAROUXIS, ROBERT	1212 NE 7th STREET	POMPANO BEACH FL 33062
STD	ROMANO, LISA-MARIE	1350 N OCEAN BLVD #206	POMPANO BEACH FL 33062
CD	LAPOLLA, J. ROBERT	700 EAST ATLANTIC BLVD #103	POMPANO BEACH FL 33060
D	SALTER, EARL	700 EAST ATLANTIC BLVD #103	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

600002345106--9
-11/12/97--01097--004
****236.25 ****236.25

CR2E040 (8/97)

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.

Signature of Registered Agent: Robert Bonato for Amerilawyer Chartered
REGISTERED AGENT MUST SIGN

Date: NOVEMBER 4, 1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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: PRESIDENT NOVEMBER 4, 1997 (954) 942-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #