

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 DEC 31 PM 2:56

DOCUMENT # P00000004839

1. Corporation Name

O. L' ARTS, INC.

Principal Place of Business

Mailing Address

9686 FONTAINEBLEAU BLVD. #205  
MIAMI FL 33178

9686 FONTAINEBLEAU BLVD. #205  
MIAMI FL 33178



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4237 S.W. 75 AVE.

4237 S.W. 75 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33155

USA

33155

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2000

5. FEI Number

65-0975155

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ABALLE, LEONARDO	9686 FONTAINEBLEAU BLVD. #205 9686 FONTAINEBLEAU BLVD #205	MIAMI FL 33178
VS	ALVAREZ, OSVALDO	7101 SW 88 COURT #207 11300 S.W. 47 ST.	MIAMI FL 33178 33165

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABALLE, LEONARDO

9686 FONTAINEBLEAU BLVD. #205

MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/30/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01

(305) 267-0189

CR2E040 (8/01)

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D.C. ARTS, INC.  
4237 S.W. 75 AVE  
MIAMI, FL 33155

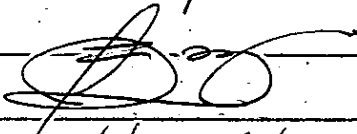
10/30/01

TO: FLORISS DEPARTMENT OF STATE  
DIVISION OF CORPORATION

I AM WRITING THIS LETTER BECAUSE  
I CALLED THE STATE WHEN I RECEIVED  
THIS FORM AND THE LADY TOLD ME TO SEND  
MY EXPLANATION IN WRITING AND A CHECK FOR  
\$150.00. I TOLD HER THAT I HAD NOT  
RECEIVED ANY FORM BEFORE TO PAY THE  
CORPORATION AND THIS IS THE FIRST YEAR  
IN BUSINESS. OUR BUSINESS DO NOT HAVE ALL  
THAT MONEY TO PAY FOR IT. IF IT IS  
LIKE THAT WE WILL LOOSE OUR BUSINESS.

PLEASE ACCEPT THIS PAYMENT AND  
RENEW OUR CORPORATION.

Sincerely,



Osvaldo Alvarez.