2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015177

1. Entity Name
ARTIUM DESIGN GROUP, INC.

Principal Place of Business: ~~1415 PANTHER LN 219 NAPLES, FL 34109~~

Mailing Address: ~~1415 PANTHER LN 219 NAPLES, FL 34109~~

09292005 REIN-P CR2E098 (6/04)

2. Principal Place of Business: 5426 Harbour Castle Dr, Suite, Apt. #, etc.
City & State: Fort Myers, Fl
Zip: 33907 Country: US

3. Mailing Address: 5426 Harbour Castle DR., Suite, Apt. #, etc.
City & State: Fort Myers, Fl
Zip: 33907 Country: US

4. FEI Number: 65-0995475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKHARDT, NANCY C
~~6952 HUNTINGTON LAKES CIRCLE~~
~~NAPLES, FL 34119~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 5426 Harbour Castle Drive
City: Fort Myers FL Zip Code: 33907

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Nancy Clark Eckhardt
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ECKHARDT, NANCY	NAME	100060309271
STREET ADDRESS	~~1415 PANTHER LN #219~~ 5426 Harbour Castle Dr	STREET ADDRESS	10/06/05--01063--004 **150.00
CITY-ST-ZIP	~~NAPLES, FL 34109~~ Ft. Myers, Fl 33907	CITY-ST-ZIP	
TITLE	VST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DODD, BARBARA L	NAME	
STREET ADDRESS	~~1415 PANTHER LN #219~~ 5426 Harbour Castle Dr.	STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES, FL 34109~~ Fort Myers, Fl. 33907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	05
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	T. Roberts OCT 10 2005
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Clark Eckhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #