

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 MAY -4 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-07
CR2E081 (1/07)

DOCUMENT # P00000023178

1. Corporation Name

Art Link International Corporation

2. Principal Office Address, No P.O. Box #
809 Lucerne Ave.

3. Mailing Office Address
809 Lucerne Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip
33460

County
Palm Beach

Zip
33460

County
Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida 2/28/00

20-3348538

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Howard Brassner

3475 South Ocean Blvd.

Unit 110

Palm Beach

State
FL 33480

☐ 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

Date 5/3/07

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/S/D	Howard Brassner	3475 S. Ocean Blvd., #110	Palm Beach, FL 33480

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05/22/07-01042--024 **1509.75

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:

HOWARD BRASSNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07
Date

561-452-1162
Daytime Phone #

5/14/07